The Canadian Nurse

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SOME NEW THERAPEUTIC AGENTS

TRENHOLME L. FISHER, M.D., C.M., Lecturer in Therapeutics and Materia Medica, School of Nursing, Ottawa Civic Hospital.

During the preparation of these remarks I have been so often reminded of many occasions when the pertinent comments of nurses served to clarify for me questions relating to treatment about which I had considerable doubt, that my pride at being chosen to address you was tempered with a great deal of humility. I have tried to choose therapeutic agents for discussion whose value is, as far as possible, proven, and I have tried wherever possible to leave out controversial subjects, meanwhile concerning myself with new therapeutic agents.

The Barbiturates

I have chosen to open with the barbiturates not solely because they are new therapeutic agents in very common use but because definite knowledge of their pharmacologic action is quite new and therefore the indications for their use can now be stated with some certainty, and, equally important, we are growing to know something of their contraindications. Heretofore, unfortunately, we have been content with rather indefinite knowledge and the new information enables us to use them to better advantage. The barbiturates, depending on the drugs chosen, and the doses of those drugs, may be used to produce a simple sedative effect or definite narcosis. They may be divided into short and long acting drugs. In the first group are pentobarbital sodium or nembutal, and amytal; in the second are phenobarbital, commonly called luminal, neonal, ipral, dial and barbital or veronal. Any and all of these drugs tend to act more quickly when combined with sodium. When classified according to their toxicity the order is somewhat different, barbital being the most toxic and the others in the following descending order: phenobarbital, amytal, neonal, dial, pentobarbital sodium.

All the drugs of this series produce a fall in blood pressure, and this has been a constant finding by all investigators, in addition they cause vasodilation of the blood vessel walls with subsequent weakening of the heart muscle. They depress the respiratory system when used in doses sufficient to produce narcosis, and if death follows the use of the shorter acting drugs it may be by respiratory paralysis. The output of urine is decreased but returns to normal in a few hours. Apparently they diminish contraction of the small intestine as it has been noted that vomiting after anaesthesia, and in one or two other conditions, is decreased when barbiturates are used. Their effect on the nervous system is a depressant one: in small doses they are hypnotic in effect, producing a comparatively light sleep. Reflexes are increased. As the dose is increased the sleep deepens till narcosis results. With the longer acting drugs the reflexes may remain increased throughout the period of narcosis, and there may also be motor restlessness while

An address delivered before the members of District 8, Registered Nurses Association of Ontario.

with the shorter acting forms, the reflexes are decreased after a preliminary increase. With all of them the pain sense is depressed, the extent depending on the dose. After moderate doses of the barbiturates most patients experience a feeling of well-being and freedom from worry.

Toxic Symptoms

With the poisonous effects due to idiosyncrasy to the drugs I will not deal except to say that they do occur and a patient receiving moderate or large doses of them for the first time should be carefully watched, and withdrawal should occur promptly on the first sign of unusual reactions. The longer acting drugs are excreted from the body so slowly that with constant use at even a low dosage they may accumulate and cause poisoning. The toxic symptoms are generally considered to be of three types: mental, which consist of coma, if the dose be large, or mental confusion if the dose be smaller but over a period of time; skin reactions which are either itchy wheals like hives, or a scarlet fever-like rash either of which may appear at any time after the first administration of the drugs; and the general which are varied, loss of appetite, vomiting, nausea, thick speech, double vision and a staggering gait.

Use and Effects

Knowing these facts we may formulate certain general directions for their use. Naturally the shorter and quicker acting drugs should be given when it is desired to produce sleep quickly, and the longer acting drugs when for any reason depression for a longer period of time is desired. Because of the depressant effect on the circulatory system they should not be given to patients with circulatory disease and this is particularly true of the shorter acting series. The drugs of both series are at present widely used in the treatment of insomnia and greater care should be taken in choosing the drug to be used. When sleep comes slowly but once having come remains, a short acting drug is best, it induces sleep quickly and the sleep persists although the drug is eliminated soon after. When sleep is fitful a longer acting drug should be given whose effect will continue throughout the night, but it must be remembered that a heavy feeling the following morning is usual. With the type of person who goes to sleep easily but wakes in the wee small hours and stays awake till morning a small dose of one of the shorter acting drugs on awakening will generally induce sleep at once but will not leave any "hang over" in the morning.

All of these drugs in large doses will produce analgesia and even anaesthesia, but the latter effect is not used much because of the danger attached to the use of necessary large doses. Analgesia is most often produced at the present time by pentobarbital sodium and amytal sodium, both of which may be given by mouth or intravenously when necessary. This action of both drugs, however, may be accompanied by excitement varying from slight restlessness to restlessness so extreme that one or two nurses must be in constant attendance. It is customary therefore and wise to give a moderate dose of the chosen drug first, watch for restlessness, if it occurs discontinue the drug and if it does not, give enough more to produce the desired effect.

This analgesic effect is made use of in two conditions, obstetrics and preparation for anaesthetics. In the former the drugs are used during the early part of labor and even till the time of actual delivery, though at this time their effect is best augmented by an anaesthetic. Before anaesthesia they may be given in moderate dosage to allay apprehension, and so reduce excitement. As a matter of fact in addition to doing this they often give the patient a feeling of actual well-being and contentment.

Poisoning

In the case of any drug or series of drugs whose use is as widespread as that of this series it is unfortunately true that

poisoning is going to occur. It may happen during the routine use of the drug by physicians, this however should become rarer and rarer as the proper methods of dosage are better worked out, or it may happen accidentally during the use of the drug by patients, or with suicidal intent. The treatment of barbiturate poisoning therefore is of increasing importance. When poisoning is due to taking a large quantity of a drug by mouth, and the period of time which has elapsed since its ingestion is short, gastric lavage should be employed immediately in the hope of removing some of the drug and preventing further poisoning. Where systemic effects are already present, steps must be taken to counteract them. Until a short time ago the method generally used was stimulation of circulatory and respiratory systems by the injection of adrenalin, ephedrin, and caffeine. At present, use is made of the antagonistic action of the barbiturates and strychnine and large doses of strychnine should be given as soon as possible, and continued till improvement is manifest. This is one place where heroic doses are necessary; no half-way measures will suffice. Cases are on record where 1/6 of a grain of strychnine were given every one or two hours over a period of 60 hours, making a total dose of 6 grs. in two and one-half days. If you remember that ½ grain is the average dose required to produce death in a normal adult you will be impressed with the need of immense doses.

Action as Antidote

This brings us to another important use of the barbiturates themselves, that is, in the treatment of strychnine poisoning. Because of the rapidity with which strychnine acts and our lack in the past of any specific antidote, many deaths occurred from its accidental use. Now it seems fairly well agreed that the barbiturates used soon enough and in a form which can act quickly will prevent death. This means that the drug chosen should be one which can be given intravenously. When the patient is seen very early just enough sodium amytal or sodium pentobarbital should be given to produce sleep, or if convulsions have occurred, enough to stop them. If sodium phenobarbital is used, enough should be given to stop convulsions even though sleep does not follow. In the case of soduim amytal the usual dose given at once is 7½ grains intravenously. Further drug should be given to prevent convulsions if they occur again. If the patient when first seen is having convulsions the time-honored method of stopping them by the use of ether is wise while administration of a barbiturate is begun. Gastric lavage and other procedures which disturb the patient are not only unnecessary but unwise. That will bear emphasis. When the treatment was purely symptomatic it was necessary to remove all the strychnine possible by stomach tube and enema although it was known that these steps would increase the convulsions. Now that a more or less specific antidote is available such treatment becomes actually harmful.

I have laid more stress on the action of the barbiturates in strychnine poisoning than the action of strychnine in barbituarte poisoning, not because one is more effective than the other, but because the lethal action of strychnine occurs so much more quickly. In a case of barbiturate poisoning we have time to think, as death is unlikely to ensue quickly. but once strychnine has been ingested death may follow in a matter of hours.

(*To be continued*)

RED CROSS OUTPOST HOSPITALS

FRED W. ROUTLEY, M.D., Director, Ontario Division, Canadian Red Cross Society.

Only those who have been fortunate enough to travel extensively in Canada can appreciate the vast extent of virgin lands, forests, and rocky strongholds of previous metals which yet have been

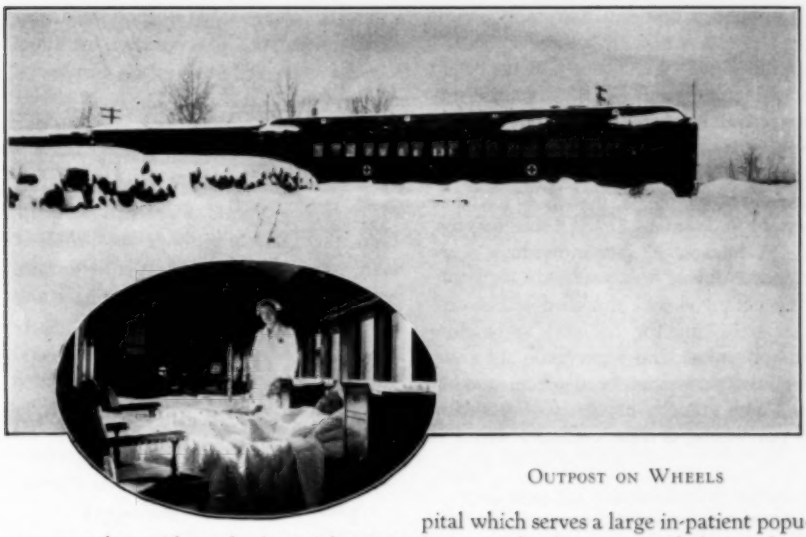
A One-nurse Output

untouched by human enterprise. Even in the areas into which our courageous young pioneers have blazed new trails, and new settlements have developed, these communities are far remote from each other and the facilities which they have are very meagre indeed. Into these small settlements, which are the centres of large sparsely settled districts, the Red Cross has found its way and is giving a service which previously had never been attempted in any such widespread way in any part of the world. The only previous service of a similar nature was that done by Dr. Grenfell on the Labrador Coast.

In order to understand what this service has meant to the settlers of these great scattered districts, you must know that in most areas there are exceedingly poor roads through long stretches of unbroken bush. You must also be aware of the fact that while the summers are beautiful and the land may bring forth most bounteous crops wherever tilled, the winters are long and very cold, accompanied nearly every year by tremendous falls of snow, which sometimes lies as deep as five and more feet on the level in the bush. Because of the crude means of transportation and the weather conditions, the energy, courage and fidelity to duty of Red Cross nurses who commonly go long distances on skis or dog sleds are almost without parallel. However, they live in communities where the courage of the people is of the same character as the following example will illustrate:

In the dead of winter with the temperature over forty degrees below zero is a little cottage in the heart of the forest, fifty miles from a doctor, in the middle of the night, a young mother was suddenly taken ill. The husband was a hundred miles away working on the transcontinental highway. The oldest girl was a girl of twelve years. She recognized the gravity of her mother's condition and in spite of protestations on the part of the mother, she donned her clothes and taking a lantern in her hand and stepping onto her skis tramped seven miles alone through the heart of the forest to reach the Red Cross outpost. Together she and the nurse tramped back that seven miles, and the only professional assistance available within fifty miles was rendered to that

Larger Type of Outpost



OUTPOST ON WHEELS

young mother with perfectly satisfactory results, owing to the continued bravery of the young pioneer and the Red Cross nurse.

Many of the better world conditions which it was confidently hoped by millions would follow the great war, have not materialized, but at least one worthwhile result in Canada can be found in the Red Cross Outpost Hospitals. The Canadian Red Cross became a great and powerful humanitarian organization during the war. The war being over, such a society could not fold its hands and cease all activities, so it turned its attention to a peace-time health programme. A study of Canadian needs immediately focussed upon the total lack of hospital and nursing care in the great North country.

The first Red Cross Outpost Hospital was opened in Northern Saskatchewan in 1920. To-day forty-six such institutions are to be found as vitalizing centres in sparsely settled districts. These include a beautifully appointed hospital car. They range in accommodation from forty beds to two beds and are of two distinct types. First is the larger hospital which serves a large in-patient population and where most of the work in the district is done. A district public health nurse, however, is being attached to more and more of this type of hospital. There are to-day fourteen of these large outposts operated by the Red Cross in Northern Ontario whose activities are confined almost entirely to direct hospital service. The other type is the small hospital taking in only emergency cases, and out from which the nurses go into the district to visit schools and to make home visits or attend patients in confinement or other illness. This latter type usually serves a very large scattered area with a small town as its centre. There are eleven of these in Ontario alone. Here the nurse, using the outpost as a working centre, gives a large portion of her time to public health work and nursing in the homes and schools of the surrounding district. The accompanying illustration shows "The Red Cross Outpost-on-Wheels", with a fully equipped ward, operating room and nurses' quarters, which is bringing much needed hospital, nursing and public health service to isolated Northern Ontario communities..

Red Cross hospitals last year served 5,614 in-patients with a total of 56,977 hospital days, 9,185 out-patients were treated at hospitals, 10,889 out-patients were treated in homes, 2,301 out-patients were treated in clinics, 2,347 operations were performed and there were 1,407 births in hospitals and homes, 479 schools were visited and 14,717 children inspected. A total of 42,706 individuals were attended during the year.

Exceedingly well qualified nurses are always available for this work and a close nursing and general supervision are given from the provincial head office, making for a high grade of efficiency. Practically all purchasing is done centrally which is an important measure of economy. Complete control of the operation of these hospital units is vested in the provincial offices of the Red Cross. The local groups in the districts, where the outposts are operated, provide from other sources the cost of the buildings and equipment, and are responsible for their up-keep. Thus, there is a fine co-operative interest in the whole project. This is truly a chain system of operating small hospitals and is affording an opportunity to old established communities to assist new and scattered areas to provide facilities which add so much to their good health, safety and comfort.

SOME HIGHLIGHTS ON QUEBEC

E. FRANCES UPTON, Executive Secretary, Registrar, Official School Visitor for the Association of Registered Nurses of the Province of Quebec

The fifteenth annual meeting of the A.R.N.P.Q. was held on January 30 and 31, with an attendance of approximately eight hundred. The afternoon meetings were conducted in both languages, the first evening in French and the second in English. The Sisters met on the second day at the Hôtel-Dieu, the main theme being the development of departments of social service within their respective hospitals. The president, Miss C. V. Barrett, outlined the objectives of our national organization for the coming two-year period and the report of the Board of Examiners showed that 237 candidates had written the examination during the two sessions (spring and fall), and that 69 failed to pass. The Registrar's report included the following statistics:

Total number of active members in good standing and therefore members of the Canadian Nurses Association: English members: 1,656; French members: 1,584, a total of 3,240, an increase of 192 over 1933. Total number of non-active members, all in good standing, but not members of the Canadian Nurses Association, unless they are active members in one of the other Provincial Associations: 1,096, an increase of 104 over 1933.

The foregoing statistics show several comparisons covering the past five-year period, and as these five years cover most of my term as registrar, I will endeavour to give a résumé of my impressions of the nursing situation during that time. It is a genuine pleasure to know that the nurses are beginning to realize that

our office stands for a great deal more than a place in which to deposit two dollars annually, and when speaking of that annual fee, one is struck with the wonderful way in which most of our members come forward each year, yes, and early too, to pay this registration renewal, knowing full well that if our organization is to function and develop, it must be sustained.

Scholarships

Since the year 1921, scholarships have been awarded annually, the total number in that time (four of which were awarded in 1933), being twenty-eight. The Board of Management deemed it necessary during 1934 to withhold awards as funds would not permit.

Opportunities for Learning

Never in our history have the opportunities for learning been so attractive and accessible as they are in our province today. Our nursing magazines are teeming with interest and information, books and reprints of outstanding articles are procurable for the asking, and even though one cannot always afford to purchase them, they are at our disposal if we will only take the trouble to look them up.

Opportunities for Service

The community is calling for workers of all descriptions: nurses, dietitians, social case workers, nutritionists, physiotherapists, mental hygienists and laboratory technicians, and nurses can fill every one of these rôles, providing of course they secure the necessary specialized education. In my position, I am naturally called upon to listen to complaints from all sources, yes and confidences too; these I have shared with the public, the doctors and the nurses, and I would venture, as a result, to offer the following suggestions:

That we endeavour to apply the Golden Rule in our daily lives and to render our best service at all times thus safeguarding the reputation of our profession and preventing commercialization of the art of nursing.

That until all our nurses speak both languages, two central nursing bureaux are needed to provide nursing service in our province. At present registries are operating all over the place and calls are coming into my office, day and night. The general public does not know where to apply for nursing service.

Nurses must know what is going on around them; it is said of us that we talk of nothing but "shop." Some of our private duty nurses are accused of arriving on duty without either tools or equipment with which to perform their duties. During the past few years I have heard nurses say "Public health work! You can learn all there is to know about that in a couple of hours"; my inclination is to reply by saying, "Step aside folks, you're blocking the traffic. Can't you see that by such an attitude you tend to rob our profession of its rightful leadership in community welfare."

Our King has honoured many nurses, and through them our profession as a whole, for the conspicuous service they have rendered to Canada. Quebec province produced four of these nurses and trained three of them, and it behooves Quebec nurses, as representing the eldest daughter in the Canadian family, to point the way out of the depression, or our sisters in the West will put us to shame.

Report of School Visitor

My report as School Visitor presents a résumé of statistics gleaned from a survey of 69 hospitals, 32 of which have been visited during the year; fifteen of these have been opened during the past five years and their total estimated bed capacity is 19,905. The following statement summarizes some interesting points: there are now 34 approved schools in the province of Quebec; in 1933 there were 36, of which two have been closed; in 1933 there were 1,694 students in the various schools; in 1934 there were 1,614, a reduction of 80. In 1933 there were five unapproved schools, having a total student body of 29; in 1934 there were four, with a total student body of 22. Three schools have been suspended and are no longer admitting students.

Last year I recorded the existence of adequate teaching facilities in all our approved schools; this year we note an

increase in the number of specially qualified teachers and supervisors. Staff conferences and education are being featured in several schools and an increasing interest in the rôle of the head nurse as a teacher is being demonstrated. We continue to hear that head nurses have no time to teach, and to a certain extent there is truth in this statement as the following story will reveal. In one of our schools we found a head nurse in charge of an exceedingly busy ward of fifty-two patients who, being keenly interested in the problem, decided to keep an exact record of every minute of one of her days on duty, and upon summing up was surprised with the results:

Spent with doctors	34.5%
Spent in ward administration	21.7%
Spent in nursing supervision	21.1%
Spent with patients	20.8%
Spent with visitors	1.3%
Spent in actual teaching of students	.6%

Affiliations

While all our schools have arranged affiliations with special hospitals for experience and teaching in obstetrics, pediatrics and communicable diseases whenever these services are not provided in the home school, it is to be regretted that all their students do not share the advantages accruing from such experience. Many are graduating without adequate instruction in the care of sick children and few know much, if anything, about the normal child. The value of a course in nursing in communicable diseases is not sufficiently understood nor appreciated by the average graduate and student, and it is to be hoped that the day is not far distant when the award of a diploma in nursing will demand this special preparation. We reported last year our first development in affiliations with public health organizations for student nurses and are pleased that although we move slowly, we move surely along these lines. We are particularly indebted in this respect to the Provincial Department of Health, the Montreal Department of Health, the Victorian Order of Nurses, and the Metropolitan Life Insurance Company.

Hours of Duty

I cannot close my report without making reference to the beauty and comfort of our new hospitals, they make we wish to turn the clock back, and begin all over again. These new features, together with the ever-increasing consciousness on the part of our hospital administrators with regard to their responsibility concerning the health and welfare of the students, should tend to reduce considerably, if not eliminate, major illnesses among students. The value from the health standpoint alone, of shortening the hours of duty is being given increasing consideration, the following institutions having established an eight-hour day for graduate nurses: Grace Dart Home Hospital, Montreal; Jeffery Hale's Hospital, Quebec; Joyce Memorial Hospital, Shawinigan Falls; Western Division, The Montreal General Hospital; Hôpital du Christ-Roi, Nicolet.

Our Speakers

The speakers at our annual meeting included: Rév. Soeur Marie Gérin-Lajoie, B.A., Founder and Supérieure, Institut de Notre Dame du Bon Conseil, whose subject was "The rôle of the nurse in the field of social service"; Mademoiselle A. Lépine, who gave us "A bird's eye view of private duty nursing service in Canada"; Miss C. V. Barrett, President, A.R.N.P.Q., who vividly described "The highlights of the Silver Jubilee Meeting of the C.N.A." Miss F. M. Dewey who discussed "The eight-hour day"; Mademoiselle G. Brossard, Registraire de l'Association Jeanne Mance, who chose as her topic, "The private duty nurse"; Dr. G. N. Paterson-Smyth, psychiatrist to the Protestant Board of Schools, Montreal, who gave an excellent address on "The Problem Child", and Dr. G. L. de Bellefeuille, chief physician, Hôpital St-Jean-de-Dieu, who gave us his interest-

ing "Reflections on the education of the backward child." Miss M. Lindeburgh, B.Sc., chairman of the National Curriculum Committee, outlined "Some objectives in curriculum construction", and Révérende Soeur Allard, hospitalière en chef, Hôtel-Dieu de St-Joseph and a member of the National Curriculum Committee, spoke on the same subject in French. At the evening meeting, Dr. Frank Pedley, Executive Director, Montreal Council of Social Agencies, gave a thought-provoking address.

Our Officers

The Board of Management for the coming year is as follows: President: Miss C. V. Barrett (re-elected); vice-president (French), Rév. Soeur Allard (re-elected); vice-president (English), Miss M. L. Moag (re-elected); honorary secretary, Miss C. M. Ferguson; honorary-treasurer, Miss M. E. Nash (re-elected); other members: Miss M. K. Holt, Miss E. M. Beith, Miss M. Lindeburgh, Mademoiselle A. Marchessault, and Miss E. C. Flanagan.

BRITAIN SHOWS THE WAY

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association

It is with interest that we read in *The Times* of January 12, a letter addressed to the citizens of London outlining the objectives of the Foundation and appealing for public support. It is signed by the Duchess of Devonshire, president of the National Florence Nightingale Memorial; Dame Alicia Lloyd-Still, president of the Florence Nightingale International Foundation; Mrs. Bedford Fenwick, president of the National Council of Nurses of Great Britain, and Sir Arthur Stanley, chairman of the executive committee of the National (British) Florence Nightingale Memorial. The letter describes the courses given at Bedford College and refers to the benefits obtained by countries from which the students come. Speaking of the universal indebtedness to Miss Nightingale, it goes on to say "there is no human soul in any country for whom life has not been made more tolerable by her enlightening vision and her long life of unremitting toil."

There is also a leading article in the same issue entitled "A Florence Nightingale Memorial" in which the writer says: "Thus the English tradition in nursing, which is the Florence Nightingale tradition, since she created and established it, is being extended over the whole world. No memorial to Miss Nightingale of a kind more agreeable to her spirit or her hope can be conceived. She gave the world, through the medium of her country and of its capital city, an inestimable boon. It was ever her desire that the boon might be shared by all nations and peoples."

It is interesting to find that the British nurses, graduate and undergraduate, who have given so generously are now making it possible for the citizens of London to participate. We in Canada must remember that we certainly cannot make any public appeal until we have demonstrated our own desire to give. We feel, however, that generous Canadian citizens would like to be included. Now that the majority of our provincial and local associations have had their annual meetings it is hoped that the 1935 contributions will be sent in to the treasurer. Every organization, whether graduate or student, is asked to show its interest by sending in a donation, be it ever so small.

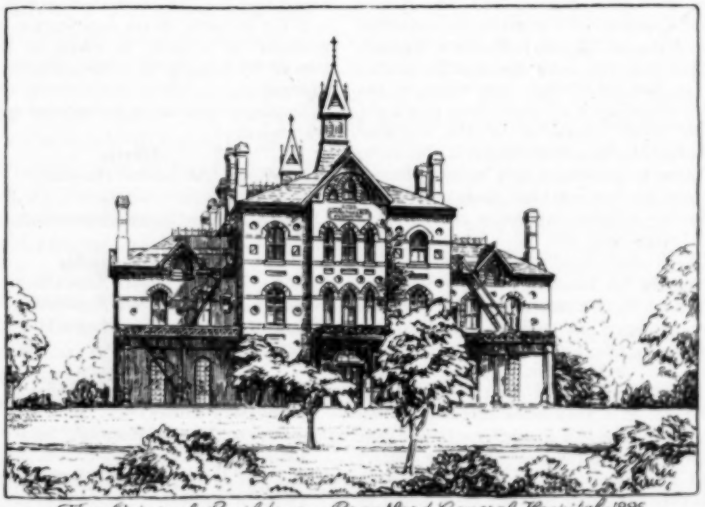
Further contributions to the fund are hereby acknowledged:

Alberta	
A.A., Royal Alexandra Hospital, Edmonton	$10.15
Overseas Nursing Sisters Association, Calgary	5.15
British Columbia	
Victoria Graduate Nurses Association	10.15
Nelson Graduate Nurses Association	10.00
Sisters of St. Ann, St. Mary's Hospital, Dawson	1.00
New Brunswick	
Saint John General Hospital, Saint John (staff nurses)	11.20
Saint John General Hospital, Saint John (student nurses)	10.00
The J. H. Dunn Hospital, Bathurst (student nurses)	10.00
Saint John Tuberculosis Hospital, East Saint John (staff nurses)	8.75

Victoria Public Hospital, Fredericton (student nurses)	8.37
Chipman Memorial Hospital, St. Stephen (staff and students)	7.00
The J. H. Dunn Hospital, Bathurst (staff nurses)	5.00
Victoria Public Hospital, Fredericton (staff nurses)	3.00
Soldiers' Memorial Hospital, Campbellton (staff and students)	2.00
Fisher Memorial Hospital, Woodstock (staff and students)	2.00
Ontario	
Florence Nightingale Club, Brantford (4-year donation)	8.00
Florence Nightingale Club, Renfrew	5.00
Quebec	
St. Justine Nurses Association, Montreal	20.00

BRANTFORD HOSPITAL JUBILEE

What is now known as the Brantford General Hospital originated in 1885 in a gift of buildings and seven acres of land to the City of Brantford by John H. Stratford. The hospital was called the John H. Stratford Hospital until the year 1912 when, by legislative enactment, the name was changed to the Brantford General Hospital. In the year 1886 the training school was organized and the first student was enrolled. The hospital has steadily developed in size and in efficiency and the school of nursing has grown with it. The following nurses have successively rendered admirable service as superintendents of the hospital and principals of the school of nursing: Miss Harriet Goldie, Miss Mary Graham, Miss Helen G. Tolmie, Miss M. M. Carson, Miss Marion Forde. Miss E. M. McKee is now responsible for this dual task. The anniversary celebration will take place on May 31 and June 1 when a re-union is planned which will include graduate nurses, internes, and other hospital personnel, as well as citizens who have contributed to the success of the institution. The committee in charge of arrangements would be glad to receive the names and addresses of those nurses who are not members of the Alumnae Association, or who are not in touch with the hospital. Letters should be addressed to Miss E. M. McKee at the hospital.



The Original Building – Brantford General Hospital 1885

THE EDITOR'S DESK

For the Queen

By the gracious permission of Her Majesty the Queen, the Canadian Nurses Association has been accorded the privilege of offering her a specially bound copy of the Programme of the Pageant which was such an outstanding feature of the celebration of the Silver Jubilee of our national association. This was prepared by the firm of Birks, Ellis and Ryrie, of Toronto, and is done in blue leather of an attractive shade and fine quality, lined with watered silk to match. The crest of the association appears on the front cover in gold. The accompanying letter, addressed to Her Majesty, reads as follows:

The small memento which accompanies this letter is offered by the Canadian Nurses Association as a remembrance of the occasion of the Silver Jubilee of the Founding of the Organization, celebrated in Toronto in June of last year. It is our desire that it should convey the appreciation of the nursing profession in Canada of the sustained interest which Your Majesty has manifested in nursing throughout the years.

This letter was signed by Miss Florence H. M. Emory who, at the time when the Pageant took place, was the president of the Canadian Nurses Association.

The Touchstone

We listened the other day to one of those interminable discussions about the respective merits of social workers and nurses. A lay woman who was present took advantage of a momentary pause to say: "Nurses may not have much initiative nor be particularly resourceful but you can depend on them to take responsibility." This remark did not quite please either side and the friendly antagonists retired in good order to think it over. Somehow, in our ears at least, it rang true and even inspired in us a sneaking pride. Something does come about as a result of that three years of disciplined effort which makes it worthwhile. As so often happens, a day or two later we happened upon a quotation from a letter written by Rudyard Kipling which seems to come in rather pat:

The biggest man in every way I ever knew, never said or hinted under any conditions whether he was hot or cold or full or empty or sick or sorry. That's character, and I think it gives the highest form of courage. *But the very rarest, the courage that takes responsibility, seems to need antecedent training on top of natural gift.*

This, when you come to think of it, explains just why that awful night duty on Ward D was good for your young inside. However it wouldn't do any harm to develop a little initiative and resourcefulness as well. It comes in handy in dealing with social situations—and social workers.

Reader's Guide

This month, Dr. Trenholme L. Fisher begins a series of articles entitled "Some new therapeutic agents" in which a clear picture is given of the action of certain remedial agents together with some danger signals associated with their use. Instructors will find this series extremely valuable and it should also be carefully read by private duty nurses. It is said that nurses do not know how to manage normal children. Dr. N. Barrie Coward, in his article on "The nervous child" shows us how to achieve that sympathetic understanding upon which intelligent management is based. Last month the chairman of the public health nursing section of the Canadian Nurses Association outlined the objectives of that group for the coming two-year period. This month Miss Marion Lindeburgh, chairman of the nursing education section, renders a similar service. In her dual capacity as chairman of the section and of the national committee on curriculum, Miss Lindeburgh is particularly well qualified to chart our educational voyage of discovery. Before very long a new

crop of nurses will be added to the existing surplus. Since many of them will have no other choice than to try to make a living in the private duty field it is regrettable that our present system of education does not effectively prepare them for it. Miss Mary Lamb, herself a young private duty nurse, gives some commonsense advice under the caption of "Your first case" which should be handed on to every graduating class in the country. Our provincial registrars and school visitors are doing exceedingly valuable work, the effects of which are more far-reaching than many of us realize. In "Some highlights on Quebec" Miss E. Frances Upton gives us an authentic picture of what is going on in one of our oldest provinces and amply demonstrates that an official report need not be dull reading. Dr. Routley, director of the Ontario Division of the Red Cross Society, gives a fascinating glimpse of the outpost hospitals; this article is the second in a series describing various nursing activities of the Red Cross Society. We also point with pride to our correspondence page in which we transport you from Baffin Land to India in a twinkling of an eye.

MANITOBA ANNUAL MEETING

The recommendation that schools of nursing should not be allowed in any hospital not complying with the minimum requirements of the province of Manitoba, and a feeling that present requirements are too low, were expressed in the report of the joint study committee of the Manitoba Association of Registered Nurses at its annual meeting. The committee suggested that: general duty nurses should be employed in hospitals to give bedside nursing service at a definite ratio to the student nurses enrolled. It was further recommended that schools of nursing in mental hospitals and sanatoria be discontinued. The report of the secretary, Mrs. S. G. Kerr, showed a busy year. The association sponsored a maternal care institute, at the request of the Victorian Order of Nurses, and 24 nurses availed themselves of this course. For relief work among school children in rural Manitoba $100.00 was given, and $75 was given towards the support of native nurses in the Zenana Mission Hospital in India. Miss K. McCallum, reporting for the directory committee, showed 12,586 miscellaneous calls received, 4,132 employment calls filled, and 919 interviews. Through the interchange committee between large and small hospitals, 39 nurses benefited from the postgraduate courses. Other reports were: nursing education, by Miss G. Thompson; public health, by Miss C. Maddin; private duty, Miss McCallum; membership, Miss W. Bride, sick visiting committee, Miss L. N. Gray; social, Miss Stella Pollexfen.

Reports on the Local Council of Women, the Central Council of Social Agencies, the Victorian Order of Nurses, Junior Red Cross, Red Cross enrollment and Zenana mission were given by the respective representatives, Mrs. W. Hill, Miss F. Robertson, Miss E. Russell, Miss E. Parker, Mrs. J. F. Morrison and Miss A. M. Campbell. Miss S. Wright, in the president's report, reviewed the year which she said has been a difficult one, leaving many problems still unsettled. The officers, chairmen and members of committees elected to serve during the coming year are as follows: President, Miss Elsie Wilson; first vice-president, Miss S. Wright; second vice-president, Miss E. Parker; third vice-president, Sister Mary Charles; Board members are: Miss C. MacLeod, Brandon; Miss G. Johnston, Neepawa; Miss H. Tregear, Carman; Miss J. Houston, Ninette; Miss E. Fraser, Sister Krause, Miss K. W. Ellis and Miss E. Robertson; public health convener, Miss C. Maddin; private duty, Miss Pearl Brownell; nursing education, Miss G. Thompson; directory, Miss K. McCallum; social, Miss S. J. Robertson; sick visiting, Miss L. Kelly; press and publication, Miss E. Banks; membership, Miss H. S. Steadman; Local Council representatives, Mrs. G. McFetridge and Miss M. Black; Central Council of Social Agencies, Misses F. Robertson, Josie McDonald and Mrs. Wesley Thomas; Victorian Order, Miss Elizabeth Russell; Junior Red Cross, Miss R. Dickie; Red Cross enrollment, Miss N. O'Shaughnessy.

Correspondence

From Baffin Land

Through the courtesy of a personal friend of Miss Prue Hockin we are permitted to publish these interesting extracts from her letters. Miss Hockin is nurse-in-charge of the Anglican Mission Hospital at Pangnirtung, Baffin Land. The white population is composed of a physician, the missioner and his wife, the hospital housekeeper, members of the Royal Northwest Mounted Police and officials of the Hudson Bay Company. Mail is received and sent out once a year by the steamer which brings in supplies. Miss Hockin is a graduate of the School of Nursing of the Children's Hospital of Winnipeg; she has "signed up" for a period of five years and two more years must elapse before she comes home on furlough.—*Editor.*

Although we have no actually dark days, from about the middle of November to the middle of February the sun does not rise high enough to shine down into the valley, though we see it shining on the hills opposite. Early in May we start getting twenty-four hours of sunlight and this continues until the end of July. However the ice does not go from the fjord until the end of June. Only on very dull winter days do we need a light for dinner. It isn't so terribly cold, not more than about 48° below zero. This is the place the wind is made and when it blows it moves everything movable, including the snow. The hospital is quite warm, except the floor. In very cold weather we have to wear our fur boots in the house, and of course we wear our woollies. I've only worn my fur kooletang a few times, my woollen one, which is made of duffle (just like a blanket), has been enough. These garments look just like a big middy with a hood on it. A second one, made of tent canvas is often worn over the woollen one as a wind break, then in spring it is one's spring coat. My spring one is trimmed with green and blue braid and my duffle one has bead work around the bottom and wolverine fur round the hood and cuffs. We have gauntlet mitts made of caribou; they are the hugest things you ever saw. Our boots have caribou legs and bearded seal soles (nothing on earth smells just like bearded seal), and the soles are like moccasins with the fur legs all in one piece and a drawstring round the top, just below the knee. Inside these we wear caribou socks just above the ankle, fur side in.

On one occasion the doctor in charge of our hospital went out with his native to the mouth of the fjord to fish for sharks through a crack in the ice, so we went too. It was a lovely sunny day, no wind and the thermometer just above zero. Arrived at the crack we put up a small tent and made tea on a primus stove, and had biscuits, frozen butter and cheese. We then proceeded along the crack with the doctor. We let down sixty fathoms of line but did not catch a shark. When we returned to our tent we found four other teams there, native families returning from their winter camps with their furs and household goods aboard. We all came back together and it was surely good fun. Another time we were gone all day on a sealing trip. The seal nets are about fifty feet long and twenty feet wide and have meshes big enough for a seal to get his flipper through; sometimes he manages to get his head through too. Two corners at one side are weighted so that the net hangs straight up and down in the water while the top is floated with corks. One end is anchored securely to the reef. We enjoyed the trips and thought nothing of coming back with a boat load of seals, and usually an "oojuck", which is the big bearded seal; they weigh from 800 to 1,000 pounds and are much more "fragrant" than the others. While going from net to net we watched for seals and some times they were all around us. They just stick their heads up, look around and then down they go, except when they come right up and turn a flip. One day we chased an "oojuck" for over an hour but he got away. If these seals are killed with the first shot they sink and are lost so they have to be only wounded until one can get the boat close enough to harpoon them.

The people all come in to assist with the whale drive and it is a wonderful sight to see the tiny skin tents spring up over night. Very often our population increases over night from 50 to 450, and the dog population increases in proportion too. The drive is for white whales and is made at the head of the gulf where the tide rises nearly five miles. The men go off with their sail boats towed by the Hudson Bay Company and the police motor boats. The women stay here. When the hides come in, the women work cutting the fat off the hides and cutting it up to go through the machine that turns it into oil. The hides are also sent out. The meat is cached for winter dog feed. They got 400 whales this year. We had a busy time suturing cut fingers and attending the women who had fainting fits during the time they worked. Nearly all our patients begin by having a real good sleep. Of course during

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

the summer they are up most of the time. Children play outside any time until 6 a.m. and then sleep late in the morning unless there is any excitement to keep them awake. The babies are fat, good natured things but it is rather a shock when one offers to take a nice looking baby all dressed up in its party clothes to find that it has no "didy nor nothing." Most of the babies wear a sweater or skirt made of flannel, a caribou skin coat which covers their body, a caribou bonnet and boots up to their knees. The women have full backs on their kooletangs to carry the baby in and a tight waist line so that they won't fall through. When they turn their hoods up the babies are out of sight. All the women over ten years of age have their kooletangs made this way whether there is any prospect of them having anything to carry or not. It always amuses me to see the women bend over and shake the babies out of their kooletangs, yet they never drop them.

And From India

The October number of *The Canadian Nurse* has just reached me and at the moment I was free of pressing duty and in a mood to appreciate fully the very fine oration by Dean Ira MacKay on "The Care of Life", I found myself very much in accord with his thought on the nature of the life that is the object of our care—an "intimate and personal" life. Perhaps you know a quotation from William James?

"As for me, my bed is made. I am against bigness and greatness in all their forms, and with the invisible molecular moral forces that work from individual to individual, stealing in through the crannies of the world like so many soft rootlets, or like the capillary oozing of water, and yet rending the hardest monuments of man's pride if you give them time. I am against all big organizations as such, national ones first and foremost; against all big successes and big results; and in favour of the eternal forces of truth, which always work in the individual and immediately unsuccessful way, underdogs always, till history comes, after they are long dead, and puts them on the top."

I liked the wonderful reverence Dean MacKay shows in his description of the skin with its sense of touch—the handclasp—with the meeting of souls realized. And now the teacher has gone on into that eternity of which he spoke. I have been helped by this echo from the Biennial Meeting, and from the Great Beyond—"He being dead yet speaketh."

We now have a Nurses' Auxiliary of the Christian Medical Association of India as well as the Trained Nurses Association of India (the latter in affiliation with the International Council of Nurses). Our group here has just given a contribution to the India Committee of the Florence Nightingale Memorial Foundation. So in our small way we are linked up with this world-wide movement to honour our Founder, and no doubt we shall realize the value of our sharing in this effort to promote the highest ideals of nursing education. I enjoyed getting further news of the Memorial in *The Canadian Nurse*, and seeing Queen Mary's message, which I shall pass on to my nurses.

MARGARET COLTART, U.C.C., Mission,
Banswara, S. Rajputana, India.

Department of Nursing Education

NURSING EDUCATION IN CANADA

MARION LINDEBURGH, Chairman of the Nursing Education Section of the Canadian Nurses Association

At the last Biennial Meeting of the Canadian Nurses Association many professional projects were discussed, some of which were referred to the Nursing Education Section as its specific task. These, together with others, have been considered in the organization of a programme of activity for the Nursing Education Section for the next two-year period and the proposed outline was sent to all Provincial Section Conveners last autumn. The four most important pieces of work which require the attention of the section are as follows:

1. The preparation of a curriculum for schools of nursing in Canada.
2. The interpretation of eligibility for membership in the Nursing Education Section.
3. The organization of a committee on instruction.
4. Publicity concerning the activities of the section in the official organ of the Canadian Nurses Association, *The Canadian Nurse*.

The Curriculum

The nursing profession in Canada is faced with two major problems. The first is that of undergraduate nursing education, the administrative, financial and teaching aspects of which have been dealt with in the Survey of Nursing Education in Canada. The second problem is that of community nursing service —that is the whole question of what a nurse should and can do in a community welfare programme, and here we include the functions of the private nurse in the home. From actual observation and investigation, it is evident that the type of education which the student now receives in the hospital school of nursing is not providing all the teaching or necessary experience to fit her for the general practice of nursing. In other words, nursing education in Canada is lagging behind and is failing to meet the growing demands of home and community nursing service.

We see therefore an integral relationship between these two major problems; the one conditions and reflects the other, and it is this interdependent relationship between nursing education and community nursing service which makes the problem of undergraduate nursing education a national concern. Although the Curriculum Committee is organized under the Nursing Education Section, all sections have taken part in its work and it will be recalled that, at the Biennial Meeting, the report of the curriculum project was presented at an open meeting at which the members of all three national sections were present. In accordance with the recognized principle that any professional curriculum should reflect the best thinking of that profession, two studies have been distributed and the response from all provinces has been good. This Dominion-wide participation will assist the Curriculum Committee in answering three important questions which arise in the process of curriculum construction:

1. What are the functions of a nurse in a modern community, and what is her relationship to other workers, who are also serving the public?
2. What should be included in the curriculum in theory and practice to qualify the nurse to fulfil these functions effectively?
3. How should the necessary experience be organized, what methods are to be employed, and how long will it take to secure the best results?

This preliminary survey stage is now over, and the committee has formulated

its policy for the next two-year period. Provincial sub-committees, as originally appointed, remain standing, for the purpose of consultation and criticism. Selected groups throughout the Dominion have been appointed to work in conjunction with the central Curriculum Committee, and it is hoped that the first draft of the curriculum may be completed before the Biennial Meeting in Vancouver, in 1936.

Eligibility for Membership

That nursing education is the interest and responsibility of all three sections of the Canadian Nurses Association has been definitely proven by the active participation of all sections in the national Curriculum project. The special committee of the Canadian Nurses Association on the co-ordination of nursing education interests, which was appointed in 1932, presented its report at the Biennial Meeting in 1934 at which time a national committee on education with representation from all three sections was proposed. However, it was finally decided that there should first be a clearer understanding of the qualifications for membership in the Nursing Education Section, and that the membership clause in its constitution should be clarified.

Committee on Instruction

The following resolution was adopted at the last Biennial Meeting: "That a committee be formed within the Nursing Education Section to be known as the Committee on Instruction, for the purpose of securing closer contacts and for the consideration of specific problems." This resolution was the result of a request from a group of instructors who felt the need of some organization which would assist in solving some of the specific problems of teaching. It was decided that membership in this committee be limited to those actively engaged in teaching, whether in schools of nursing, public health agencies or any other educational organization.

Acting upon this resolution, a national convener has already been chosen in the person of Miss Gladys Sharpe, instructor in the School of Nursing of the Toronto Western Hospital; a member, actively engaged in teaching, from each provincial nursing education section has been appointed to act with the national convener in order to get this project under way. The method of approach is as follows:

1. This co-ordinating committee will secure the opinion of provincial groups as to the need for, and the possibility of, organization of such an activity, and invite suggestions as to a programme.
2. The co-ordinating committee will then formulate objectives and submit an outline of suggested activities to all provincial conveners for their guidance.
3. All provincial conveners will still submit a report of their activities and accomplishments to the national convener in order that she may prepare her report and submit it to the chairman of the Nursing Education Section preparatory to the Biennial Meeting in 1936.

Publicity

It is desirable that the objectives and policies of the section be made known through the medium of the Department of Nursing Education in *The Canadian Nurse*. This can best be accomplished if the chairman and national convener of publications for the section work in close co-operation. Therefore, as the chairmen and secretary of the section both reside in the same city, it has been approved by the Executive Committee of the Canadian Nurses Association that the latter act as convener of publications. The attention of provincial section conveners has been drawn to this fact and their co-operation and support has been solicited in securing suitable material for publication in the *Journal*.

Department of Public Health Nursing

THE NERVOUS CHILD

N. BARRIE COWARD, M.D., Halifax, N.S.

The hue and cry in medicine today is to stress the importance of preventive medicine which in the broad sense of the word includes the mental as well as the physical well-being of the human race. It is just as important to provide a suitable mental environment as it is to provide proper physical environment. More and more must the medical and nursing professions busy themselves in the nurseries and schools of our homes, towns and cities. Here there are influences at play which mould the mentality of all children and shape their conduct, especially that of the so-called nervous child, who reacts with extreme susceptibility to these influences.

Many mothers and nurses—I include nurses in this category because in many cases they have the actual looking-after and handling of the child to do—are so concerned with physical growth that they do not appreciate the simultaneous mental growth of the child, or inquire after its welfare. It is this mental growth which distinguishes the infancy of man from that of other animals; it is the careful handling and training of this "little mind" that gives us the satisfaction of a well-behaved, good tempered, happy, normal child or the mortification and embarrassment of a spoilt and misbehaved child. It is this which makes rearing of children a pleasure and pride, as it should be, instead of a constant series of worries and fears. To forget this "little mind" is to court failure, as the conduct of the child is the criterion of the mother's success. If you do forget it, even though you may have airy nurseries, gardens, visits to the sea-side, and every advantage that money can buy, you cannot achieve success if the child's mind is not at rest, if his sleep is broken, if food is habitually refused or vomited, or if leaving him alone for a moment provokes a fit of passionate crying.

A Delicate Instrument

The unstable mind of the child is so sensitive that cerebral fatigue and irritability are produced by causes which seems to us extraordinarily trivial. Let us remember, too, the large part heredity plays when we direct our criticism to mothers on the rearing of their children. Not all children show problems resulting from nervous unrest. There is a great diversity in temperament and many are of such a placid nature that even gross faults in management leave little damage behind. It is invariably the child born with a sensitive nervous organization who is the most wayward, the most intractable and reacts most strikingly to trifling faults in management. These are the children who concern us most, not only on account of their liability to mental upsets, but because they are not cast in the ordinary mould, and have intellectual possibilities above the average, and greater potentialities for achievement and for good.

It is in the nurseries then, where the influences emanating from mothers, nurses and nursery maids of different temperaments take their hold on the young, and produce various reactions. It might seem that in the simple routine life of nursery-age children that there are no causes for unrest, or for nervous overstrain, and as a general rule, it is not here that the mischief is found. It is found in the personality of the mother or the nurse, her manner of talking, the tone of her voice, her actions and conduct

An address delivered at a refresher course for graduate nurses held under the auspices of the Halifax Chapter of the Registered Nurses Association of Nova Scotia.

towards the child. Yes, even in the thoughts which pass through her mind for, though unspoken, they are often divined by the marvellously intuitive mind of the child. Therefore, in attempting to analyze behaviour problems in children, it is important that we critically scrutinize our own behaviour to them and our own management of them.

How to Understand

We know that in every-day life business worries and household anxieties produce nervous unrest, and lead ultimately to a physical breakdown. In the same manner nervous unrest in the child prevents normal physical growth. A few indications of a mind not at rest are: broken and disturbed sleep, absence of appetite and persistent refusal of food, gastric pain and discomfort after meals, nervous vomiting, undue blushing, headache, irritability, excessive emotional display, and so on.

It is during the first two years of life that the brain grows fastest, but it is during the second and third year that the rapidity of the development of the mental processes are most apparent. Let me warn you, however, that difficult behaviour due to faulty management begins earlier, but the farther back we go the more difficult becomes the task of associating evident faulty behaviour and obvious nervous unrest with environmental influences. As a first step we will now examine what might be called four characteristic features of child psychology:

The imitativeness of the child.
The suggestibility of the child.
His love of power.
His acute though limited reasoning powers.

Imitativeness

This is the most evident during the second and third years of life, and the process is purely subconscious. The child is merely a mirror which reflects in every action and word what he sees going on around him. He imitates everything, and most of all those who are in close association with him. The importance of this is marked in considering the speech of the child. How many mothers are put to shame and embarrassment in front of visitors because the child reflects the manner of speech used in the home? Mothers too often use a peremptory tone in addressing their children, and it is common to hear a nurse or a friend say to them: "Come here at once when I tell you", or "You do as I tell you." There is seldom a "please" or "thank you" used in addressing a child—yet we would like our children to speak properly and wonder why Sonny Boy, on coming in from his walk, orders his little sister around in such an ungentlemanly way. The child will only speak as it is spoken to, and if we are desirous of having pretty speech used by our children, then we must see that we, in our turn, speak politely, and use the same deferential inflection we would use in addressing an adult. Often a mother speaks to someone in front of her children concerning them and their behaviour and yet she is shocked because her son comes home and says "how naughty sister was" or some similar statement. It is upsetting to think that our boy is becoming a tattle-tale, but can we blame the boy? I assure you he is no hypocrite, but having heard his behaviour discussed in front of him, he is merely imitating his elders, using their choice of words and inflection of tone. A child's vocabulary is not his own—it is his parents' and his nurse's vocabulary that he uses.

Imitativeness of action is concerned with child guidance. At the age of one to two years the child is passing through the grasping period. He grasps everything within his range and delights to impart motion to it. At first these endeavours are poorly co-ordinated, but soon he becomes adept in picking things up, fingering them, and replacing them again without mishap. Accidents will

happen at first, but the child looks upon these as failures, and so tries to overcome such clumsy movements. Suppression of this stage by persistent opposition leads to nervous unrest and irritability and merely prolongs it at the same time dampening the child's quickness, dexterity, and poise of body. It is a wise mother who helps her son by allowing him free play. These simple gestures soon pass on to more complex acts, such as helping to dress himself, set the table and so on. These are real things in which the child is profoundly interested. Let us get away from the idea that a child of tender age is content with imaginary things alone—he knows the difference between imaginary and real, and it is the latter which awakens his capabilities and makes him useful.

Suggestibility

This characteristic is closely allied to imitativeness; we might quite easily sum it up in a sentence: the child does without questioning that which he is confidently expected to do. Perhaps the two biggest problems which owe their origin to this quality are difficulties associated with appetite and sleep. Naturally enough, when additional foods are added to the growing infant's diet they evoke new sensations. Many foods are at first refused, not because the child does not actually like them (an erroneous belief held by many mothers), but because the sensation is strange and new to the child. When this occurs many mothers make the mistake of talking about Johnny not liking carrots, turnips or cabbage, in front of Johnny. How many times have we heard the old refrain: "I can't get him to eat, doctor." When this goes on day after day what else can we expect of Johnny? He does what is expected of him, and hears so frequently that he does not like this or that that he associates this fact with himself, that is as being a part of his own individuality, and consequently may never eat that fruit, meat, or vegetable as long as he lives.

The same principles hold true as regards going to sleep. How many times have we been in homes where the children start howling when they are sent to bed? Embarrassing to be sure. The stimulus for sleep in the adult is a suggestive one, coming from the mere fact of going to bed. In the young child this stimulus acts irregularly, and during one of these unfortunate times, the child not being sleepy has resented being sent to bed and tears have resulted. A natural process really, but what is made of it? Instead of ignoring the tears, the mother pets, soothes, and cajoles the child, at the same time conveying her apprehensions to him. She fears a repetition of these events, and naturally they recur, and as a result there is rooted in the child's mind the association of bed, or more properly sleep, as a place of tears and sobs. And so the nightly trouble is prolonged, and the more it is prolonged the more apprehensive and anxious the mother becomes, going to bed becomes more and more difficult. The child begins to realize his own power, and further behaviour problems result. The usual reason why only children or "after thought" children (where there is a long period between the child and the next oldest), and in the case of an only boy in a large family of girls, and vice versa, are often found in this category. They are afraid of certain animals, of falling, of getting wet, of going to bed alone, or sleeping in a room without a light. This is traceable to the injudicious suggestions communicated to the child's mind by an over-fond and over-anxious parent. These anxieties introduce fear into the child's mind, and sap his confidence. The child is not of himself afraid to do any of these things, but with the undermining of his confidence, that which is feared for the child he rapidly becomes.

(To be continued)

Department of Private Duty Nursing

YOUR FIRST CASE

MARY LAMB, Private Duty Nurse, Ottawa, Ont.

Not one of us needs to apologize for being a private duty nurse. We have our place in the community and an important one. The nurse on private duty is doing more than any other nurse to hinder or help the development of nursing service in her community. One poorly informed, ill qualified nurse does more harm in a week than dozens of nurses can repair in months. The private nurse is the only one who, like her patient, remains individual; she stands alone with that patient and battles single-handed. The physician prefers a well-informed nurse, patients' relatives are quick to judge, and the patient, our only excuse for existing, certainly desires the best. We must maintain the highest standards of our profession since it is our conduct which is so closely watched and severely criticized.

You will find private duty radically different to your training days. Now you will have complete charge of one patient instead of dividing your time among four or more and you will have all the work to do that has hitherto been divided among a number of nurses. Let us hope that your first few cases will be at the hospital until you are adjusted to your new work. But even in hospital certain regulations must be cheerfully obeyed. Be sure that you carry out all rules with respect to reporting in the training school office both when coming on a case and when leaving it. These rules differ in various institutions; it is your duty to learn them and comply with them cheerfully. Be very careful about orders and write those given by the attending physician on a slip and leave them in the order book. A nurse, upon the intern's verbal order, once gave an enema to a very ill post-operative. The intern was so busy that he did not write the order. The next day the attending surgeon was furious at a treatment being given without orders. The case was cited to the students on the floor and during the course of the evening the night special heard about it. She spoke to the intern and the supervisor and the affair was cleared up. All this unpleasantness would have been avoided if the nurse had made certain that the order had been written.

A Thorny Question

The problem of collecting your fee is, unfortunately, in some cases acute. The rule of the registry is to present your account weekly. Some patients ask how you prefer to be paid—by the week or the case. Others ask you to place your bill with the weekly hospital bill. Before the patient leaves the hospital, leave your bill at the main office. This is given to the patient when he settles his account. The money is generally left in the office for you. Occasionally the patient will forward your cheque in full or the money may dribble in $5.00 at a time. Once in a long while the patient changes his address or refuses to pay. Then a lawyer has to be engaged to collect the sum. Accounts rendered weekly prevent the misunderstanding of this kind: a nurse was on with a farmer's wife, a private patient, for four weeks. She judged from various remarks that they couldn't afford such expense, so when the patient commenced to convalesce, she suggested that the patient could do without a nurse. The patient said that she wanted the nurse to stay on. When the day came for the patient to depart, the husband arrived and paid the bills and told the

An address delivered before District 8, Registered Nurses Association of Ontario.

nurse that he had left her money at the office. She went for it, but not a cent was there for her. She returned and told the husband who said: "Oh, I did pay your bill—$1.00 a day the hospital charged for your services." If the nurse had rendered her bill weekly there would not have been this misunderstanding. Eventually the nurse received her money but a number of cows had to be sold before it could be raised. If you think the patient can't afford to keep you, speak to the doctor before speaking to the patient. Some doctors are annoyed if you suggest to the patient that your services are no longer necessary.

In the Home

Private duty in the home is utterly different from the hospital. You may have everything to work with, or nothing at all. You have to adapt yourself to the household conditions, be resourceful and self-reliant. You have no supervisor, older nurse, or intern, to call upon, just your orders, text-book knowledge and experience to rely upon. When you are sent on a case the registrar or the doctor informs you of the name, address, and sometimes the diagnosis. If, for example, the illness is typhoid fever, take a few minutes to look up the disease in your text-book. The relatives will expect you to be a walking fountain of information on typhoid and methods of disinfection. When you arrive, telephone the doctor for orders; but these are not all you will receive. Advice and orders are generally given by everyone from the aged grandmother to the infant in arms. You may be looked over by a supercilious lady or by a youngster who, peering out from behind his mother's skirts says: "Gee, mom, is that the nurse?" You may change your clothes in a beautiful room, or a bathroom, or a clothes closet where there is hardly elbow room. On twenty-four hour duty you sometimes practically live in your suit case.

You will find that you can't work according to routine, but keep the time for meals, treatments, and medicines as regular as possible. You will meet people who will not want to be bathed more than once a week. Two of our nurses were on with an elderly man who was seriously ill with pneumonia. He wouldn't permit them for days and days to change his linen or bathe him, or lie in any position except flat on his back or on one side. Oddly enough, he recovered. Some patients, generally very ill, prefer to lie in a double bed. No matter how you strain or tug you can't really do much for a seriously ill-patient so suggest a single bed, put on blocks for your convenience, or, if finances permit, a double Gatch bed can be rented for $3.00 a week. One nurse was on with a very ill middle-aged woman who insisted on staying in her four-posted double bed with head curtains. She said that she had always slept in that bed, that all her children were born in that bed and that she wanted to die there—which she did.

Your meals will generally be served in the dining-room either with the family, or before, as the case permits, or on a tray in your or the patient's room. Occasionally you will enter a home where the mistress will tell you to have your meals in the kitchen or servants' hall. Just explain that if it is too much trouble to have your meals served in the dining-room that you would like a tray sent up to your room. Recently one of our nurses spent the day with a bereaved family. She was sent out to have dinner with the neighbours. She had an excellent dinner, seated with the family of nine, around the kitchen table. In an hotel you must change out of your uniform if you wish to go to the dining-room. Some patients prefer you to have meals in the room with them.

In a household where there is domestic help you will find that it pays to be kind and polite as around them, especially the

cook, the peace of the household rests. Tell the cook how tidy her kitchen is, praise her cooking, and ask for a few choice recipes, and she will think that you are a nursing angel and will do anything for you. If possible, wash all your dishes between meals. Dirty dishes in the sink apparently upset the most tranquil of souls.

Medicines have to be watched carefully and kept out of the reach of children and away from the family. In one instance a nurse was warned by the doctor to watch all medicines and to administer them herself as he thought something, or somebody, was retarding recovery. Often you will find that you have comparatively little to do. You may only administer a few pills daily, but your presence gives moral support to the patient and his relatives. In other cases you may be nurse-housemaid or nurse-lady's maid. Occasionally you must be hostess to your patient's visitors.

A Word of Warning

Male patients are always more or less of a problem. In the hospital there is the orderly, and you are never alone, as doctors and nurses are constantly popping in, and you can leave for the occasional chat with other nurses. In the home, with a very ill patient, it is different. Sometimes the men of the family help you. The mother or wife may assist but often you are left to manage alone. In hotels you may be twelve hours in one room with practically no one popping in or out, and when people are ill all barriers are down. It is natural that the patient should turn to you for sympathy. He probably will tell you how misunderstood he is at home, what a dog's life his family has led him, or what a hen-pecked existence he has lived till he met you. But you must be from Missouri, believe nothing, and jokingly change the conversation to a less dangerous topic.

Smoking, or drinking alcoholic beverages should not be done while in uniform or on duty. If you should smoke just one cigarette on duty most likely, in a few weeks time, it will come back to you that you were never seen on that case without a cigarette in your mouth. If a patient told me once, she told me six times about a certain nurse who years ago asked for a bottle of stout each evening for her nerves. Topics such as previous cases, religion and politics, have to be handled with circumspection, and should be avoided altogether if possible. Patients may discuss their doctor. We must remember that a nurse's loyalty to the doctor is a great factor in his success. Most people have a great deal of small talk and if you keep abreast with the times you will find no difficulty in entertaining your patient.

A pleasing professional appearance gives assurance at first glance. Other essentials are tact, friendliness, courage, sound judgment, firmness and exactness in executing orders. She must possess skill in giving general care and making her patient comfortable, have ability to observe and report symptoms, be adept in handling people, possess good social and business habits, be open-minded, be capable of carrying on intelligent conversation, practice high professional standards, and through all difficulties, keep smiling.

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Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Membership

It is gratifying to be able to report from returns received by the Canadian Nurses Association since January 1, that there is an appreciable increase in the membership of the C.N.A. The percentage increase in the provincial registered nurses associations ranges from two percent to seventy-one percent, the latter percentage having been achieved by the Saskatchewan Registered Nurses Association. There are now 11,148 registered nurses in the Canadian Nurses Association, a peak record in membership.

Special Committees

The following information in regard to Special Committees of the Canadian Nurses Association supplements that published in *Notes from the National Office* in the January issue of the *Journal*:

1. National Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association: Miss F. H. M. Emory has been appointed to replace Miss Jean E. Browne who wished to retire as a C.N.A. representative to this committee; since its organization, Miss Browne has served as secretary and, following her resignation, Miss N. D. Fidler, Ontario Hospital, Whitby, Ont., has been appointed to succeed her.

2. Dominion Registration Committee: Miss E. Amas appointed by the Saskatchewan Registered Nurses Association is now a member of this committee.

3. Study of Registries Committee: Miss Linton, appointed by the Saskatchewan Registered Nurses Association is now a member of this committee. Miss E. Johns is also a member.

Licensure

One of the resolutions adopted by the C.N.A. in June 1934, asked that each provincial association appoint a body to study and take action in reference to one of the recommendations submitted by the National Joint Study Committee: "That all who nurse the sick for hire should be licensed and that licensing should be under provincial control." So far, the action taken in the various provinces and reported to the C.N.A. may be summarized as follows:

British Columbia: a committee has been appointed consisting of Miss H. Randal (convener), Misses M. P. Campbell and G. M. Fairley.

Manitoba: a committee has been appointed with Miss K. McCallum as convener.

New Brunswick: the recommendation has been referred to a special committee, appointed at the annual meeting in September, 1934, "to study a Central Registry for New Brunswick." Miss Agnes Carson is the convener and Misses M. McMullen, H. S. Dykeman, W. Dawson and Sister Veronica are also members.

Nova Scotia: is delaying action.

Ontario: has referred the recommendation to the Provincial Joint Study Committee.

Quebec: the nucleus of a committee has been appointed consisting of Misses E. Beith, C. M. Watling and E. F. Upton.

Saskatchewan: a committee has been appointed with Miss M. McRae as convener and Misses H. Gruhkle, A. Lawrie and K. Rowlay as members.

The Annual Meeting of the Saskatchewan Registered Nurses Association is to be held in Saskatoon, April 25 and 26, 1935.

I.C.N. Proceedings

The Proceedings (in English) of the International Congress of Nurses, held in Paris in July 1933, are now ready. Orders should be sent directly to the President of the Association des Infirmières Diplômées de l'Etat Français, 6, rue Francois 1er, Paris. The report costs 25 French francs per copy.

Book Reviews

THE ART AND PRINCIPLES OF NURSING, by Amy E. Pope and Virna M. Young. Fifth edition, revised. 832 pages. Illustrated. Price $3.00. G. P. Putnam's Sons, New York, 1934. Canadian Agents: McAinsh Ltd., 388 Yonge St., Toronto.

To this reviewer the very title carries a pleasant implication and one is glad that this volume which has served so well has been again revised. Unfortunately, however, this book has always stressed method rather than scientific principles thus reducing its value as a text book. Enough consideration has not been given to the patient as a person. Mental hygiene, the teaching of health habits, application of psychology and sociology are sadly lacking. The patient as a whole is not placed first. The arrangement of material has been improved and many curative, prophylactic, and diagnostic measures have been included. The portions dealing with diagnostic tests, oxygen therapy, radium and X-ray therapy and encephalograms are a valuable addition. The illustrations are excellent; the index is complete and the summaries, diagrams, italicized words and heavier print all tend to make the reference more usable. While not recommended as a text book it is a book of real value as a reference.—ADA M. HUBBELL.

THROUGH THE PATIENT'S EYES. Hospital-Doctors-Nurses. By Sister John Gabriel, R.N., A.B., Hospital consultant and educational director, Sisters of Charity of Providence; member of the Ethical Standards Committee for the American Nurses Association. 264 pages. Price $2.00. Published by the J. B. Lippincott Company, Philadelphia. Canadian Office: 525 Confederation Building, Montreal.

The author of this admirable little volume is well known in Canada, especially in British Columbia where she has made a notable contribution to nursing. The book is characteristic of the woman who wrote it and its wisdom and kindliness shed light on many a perplexing situation. Its simplicity has a charm of its own and its lightness of touch will bring its lesson home, especially to students who might be repelled by undue solemnity. A brief chapter is devoted to a discussion of the telephone system in hospitals. In many respects this is the most important contact with the general public which the hospital possesses; yet we all too frequently see it stupidly misused by incompetent persons. If Sister Gabriel's wise advice were taken to heart by hospital administrators and nurses, hospitals might be more popular with the community than they sometimes are. The picture of the state of mind of the patient and his friends at the time of his admission to hospital is so true and vivid that it ought to strike home even to the least imaginative. The problem of "what to tell the patient" is discussed with frankness and good sense; this chapter should be brought to the attention of the young pupil nurse who is often dismayed by what seems to her to be insincerity on the part of those set in authority over her. This book while entirely free from religious bias, does not ignore the spiritual life. Any nurse will be a better woman for having read it.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: THE MISERICORDIA HOSPITAL: The nurses of the Misericordia Hospital entertained at a social evening for Reverend Sister St. Christian, the superintendent of nurses, in honour of the twenty-five precious years which she has spent in the convent. The student nurses took pleasure in putting on plays and musical numbers and following the programme, a beautiful address was read and the Silver Jubilarian was presented with gifts from the student nurses and friends. Among those present were Reverend Sister Superior, Sisters of the Misericordia Hospital, Monsignior Lyons, chaplain of the hospital, Reverend Mother Connolly, members of the medical staff, alumnae members, the nursing staff, student nurses and friends.

EDMONTON: An eight-hour duty system for private duty nurses has been organized and is being carried out successfully in the Royal Alexandra and the University Hospitals.

MEDICINE HAT: The Medicine Hat Graduate Nurses Association held a successful bridge on January 15 in order to augment their funds. The president of the association, Mrs. J. Keohane, received the guests, assisted by Miss Mary Murray, superintendent of the hospital.

MANITOBA

BRANDON: A meeting of the Brandon Graduate Nurses Association was held recently with the president, Miss E. McNally, in the chair. A splendid report of the annual meeting of the M.A.R.N. was given by Miss Marion Paterson. Mrs. Grant Pierson had charge of the programme which was sponsored by the married nurses group, and took the form of a debate, "Nursing today versus nursing of twenty years ago." Those taking part were Miss D. Muir and Miss V. Vance for the affirmative, and Miss Finlayson and Miss M. Gemmill for the negative. The judges, Miss C. Macleod, Miss E. Barr, Mrs. R. H. Fotheringham, and Miss E. Lyons gave their decision for the affirmative. A sing song brought the evening to a close.

NEW BRUNSWICK

SAINT JOHN: A meeting of the Saint John Chapter of N.B.A.R.N., was held on January 21, with a good attendance. The sum of $20.00 was voted to the Florence Nightingale Memorial Fund. An interesting address was given by Dr. E. C. Menzies on "The similarity of sane and insane."

SAINT JOHN: A meeting of the Alumnae Association of the Saint John General Hospital took place on February 4, when $10.00 was voted for the Florence Nightingale Memorial Fund. A series of bridge parties are being held at the Saint John General Hospital, the proceeds to be used for a tennis court for the nurses-in-training. Miss Helen Cahill has been appointed supervisor of the children's ward at the East Saint John County Hospital, succeeding Miss Evelyn Black.

MARRIED: On December 22, 1934, Miss H. Robe:ta Robertson (Mt. Sinai Hospital, New York), to Mr. Wm. C. McGudde.

MARRIED: On January 19, 1935, Miss Ellen S. Trites (Saint John General Hospital, 1934), to Mr. Direk J. Walker.

SAINT JOHN: A meeting of St. Joseph's Hospital Alumnae Association took place recently when it was decided that members collect literature to be sent the Sudbury Relief Camp and that the second semester of the study club be continued. The officers of the association for the coming year are: president, Miss M. Carey; vice-president, Miss M. Sullivan; treasurer Miss M. Milan; secretary, Miss G. Nolan; executive committee, Mrs. J. L. Mullaly, Miss N. Callaghan, Miss E. Nash.

FREDERICTON: The regular meeting of the local Chapter of the N.B.A.R.N. was held on February 5, twenty-six members being in attendance. Our chapter voted the sum of ten dollars to the Florence Nightingale Memorial Foundation. At the conclusion of the business meeting we listened to an interesting lecture by Dr. A. F. Van Wart. Miss Vivian Pugh and Miss Dorothy Baxter (V.P.H., 1934), are now in Montreal taking a postgraduate course at the Shriners' Hospital. Miss Esther Ellis (V.P.H., 1933), who recently completed a postgraduate course at the Montreal Maternity Hospital, is now employed at the Protestant Hospital in Verdun, Que.

WOODSTOCK: The regular meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was held on January 15, with Mrs. H. Dunbar presiding. Plans were made for a dance to be given under the auspices of the association. Readings were given by Mrs. Olmstead and Miss Samphier.

NOVA SCOTIA

HALIFAX: At the fall examinations for registration of nurses there were eighty-two successful candidates out of a total of one hundred and three.

HALIFAX: On January 28, the Halifax Branch of the R.N.A.N.S., held a bridge party at the Children's Hospital at which forty-three tables were in play. Miss E. Warner was convener of the committees in charge of arrangements. The Halifax Division of the V.O.N. held its annual meeting on January 31, when an instructive and amusing demonstration was staged by the Misses Cliff and Titus, entitled "Baby Jones has pneumonia." A vocal solo, entitled "The V.O.N." was rendered by Miss G. Billman. Miss E. Armstrong, until recently on the staff of the Halifax V.O.N., has been appointed to the staff of the Truro V.O.N.

SYDNEY: At a recent meeting of the Cape Breton and Victoria Branch of the R.N.A.N.S., the following officers were appointed for the year 1935: president, Miss K. McCarthy; vice-president, Miss M. Bates; treasurer, Miss E. Martin; secretary, Miss H. Boutilier. Over twenty members responded to roll call and the meeting was addressed by Dr. J. G. B. Lynch, of Sydney, on "A doctor's opinion of the nursing profession." At the annual meeting of the Pictou County Branch of the R.N.A.N.S., the following appointments were made for the coming year: president: Mrs. R. Emman; first vice-president, Miss J. Cooke; second vice-president, Miss A. Saunders; secretary, Miss E. Warner; treasurer, Miss H. Meikle.

ONTARIO

DISTRICT 1

CHATHAM: The annual meeting of District 1, R.N.A.O., was held recently with Miss Walker presiding. The invocation was delivered by the Rev. M. Scott Fulton and greetings were extended by His Worship Mayor Davis. An address entitled "The doctor looks at nursing" was given by Dr. G. H. R. Hamilton and Dr. D. J. Wilson of the University of Western Ontario spoke on "Mental aspects of health." Readings and musical selections were given by Miss T. Mosey and Mrs. S. A. Morse. It was decided to participate in a survey to determine the number of non-hospitalized sick requiring nursing service in Ontario. All physicians will be asked to furnish details regarding the number of patients under their care requiring nursing service. The election of officers resulted as follows: chairman, Miss M. Walker; vice-chairman, Miss M. Hoy; secretary-treasurer, Miss Schurter; convener of the nurse education committee, Miss D. Thomas; convener of private duty committee: Miss M. Baker; convener of public health committee, Miss M. Chambers; permanent education fund, Mrs. Hedley Smith; representative to *The Canadian Nurse*, Miss E. J. Kennedy; convener of membership committee, Miss G. Versey; councillors: Misses R. Rhonatt, H. Hastings, R. Page, J. Lundy, Silverthorne, M. Perrin and Mrs. Malone. The visiting nurses were entertained at a luncheon given under the joint auspices of the Alumnae Associations of St. Joseph's Hospital and the Public General Hospital.

LONDON: The Ontario Hospital Alumnae Association recently held a dance, the proceeds of which go to the Florence Nightingale Memorial Fund. Misses L. Murphy and L. Kelly were hostesses; Miss N. Williams presided.

ST. THOMAS: Commemorating the tenth anniversary of the School of Nursing of the St. Thomas Memorial Hospital, the Alumnae Association recently held a most successful reunion. About one hundred and eighty were in attendance, including graduates from many distant points representing all classes of the past two years as well as the graduates of Amasa Wood Hospital, the predecessor of the Memorial Hospital. Members of the graduating class of 1934 who had received their diplomas at the graduation ceremonies in the afternoon were also present. Among the guests were: Premier and Mrs. Hepburn, Dr. A. J. Faulkner, Provincial Minister of Health, members of the Board of Governors and the medical staff. The guests were received by Miss Lucille Armstrong, superintendent of the hospital, Miss M. Grant, Miss H. Hastings, and Miss B. Mitchener, president of the Alumnae Association. Especially interesting were the speeches given by the Premier and by Dr. A. J. Faulkner. Dr. J. D. Curtis also gave a brief historical survey of the development of the medical profession. The Alumnae Association presented Miss Lucille Armstrong with a bouquet and a gift to show their appreciation of her fine loyalty and leadership as superintendent of the hospital and as honorary president of the Alumnae Association.

DISTRICTS 2 AND 3

BRANTFORD: A meeting of the Alumnae Association of the Brantford General Hospital was held on February 5, when Mr. E. T. Sterne, consulting engineer, was the guest speaker. Mr. Sterne chose as his topic "Little things that count." Miss T. Dawson was elected president of the Florence Nightingale Association at its annual meeting. Other officers elected for the ensuing year are: vice-president, Miss H. Kerr; secretary, Miss A. Ash; treasurer, Miss Milne. Miss Jessie Edmondson has left for Los Angeles, California,

and expects to spend the next two months there.

GODERICH: The new wing of the Clinton Community Hospital was opened recently by Dr. B. T. McGhie, Deputy Minister of Health, who was introduced by Dr. Shaw, chairman of the advisory board. After the formal proceedings those present made a tour of the hospital. Tea was served, when Miss J. Grainger, superintendent of the hospital, graciously received the many guests.

MARRIED: On October 20, 1934, Catherine Margaret Crawford (A.M. & G. Hospital, Goderich, 1931), to James Kirkland Wilson.

MARRIED: On December 1, 1934, Erma Pauline Roach (A.M. & G. Hospital, Goderich, 1932), to Reuben Brewer.

KITCHENER: The executive meeting of Districts 2 and 3, R.N.A.O., was held on January 23, at Freeport Sanitarium, with 99% of the members present. Plans were made for the next quarterly meeting which will be held in Stratford.

OWEN SOUND: The annual meeting of the Alumnae Association of the Owen Sound General and Marine Hospital was held January 29, with the president, Miss F. Rae, in the chair. The secretary, Miss Robinson, gave a fine report of the year's activities. The treasurer, Miss Weeden, presented a gratifying financial report showing the donations made during the year to needy organizations. The following officers were elected: Honorary president, Miss E. Webster; president, Miss F. Rae; first vice-president, Mrs. C. Johnston; second vice-president, Miss M. Paton; third vice-president, Miss Robinson; secretary-treasurer, Miss A. Weeden; assistant, Miss M. Cruickshank; auditor, Mrs. Johnston; pianist, Miss R. Dunoon; conveners of committees: flower, Miss M. Tolton; visiting, Mrs. A. MacKay; purchasing, Mrs. D. J. MacMillan; refreshment, Mrs. A. Burns; programme, Miss M. Miller; press representative, Miss M. Cruickshank.

MARRIED: On December 26, 1934, Miss Violet MacLean (O.S.G.M.H., 1933), to Mr. George Haswell.

WOODSTOCK: A meeting of the Alumnae Association of the Woodstock General Hospital was held recently with Miss Costello presiding. Miss Ruby Hamilton of Toronto spoke in the interests of the Junior Red Cross Society and the Florence Nightingale Memorial Scholarship Fund. Miss M. Henderson, organizer of Red Cross Nursing Units, also addressed the meeting and Miss M. Row rendered a piano solo. The members of the association presented Miss Eleanor Hastings

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with a cedar chest. Miss McKay read an address and the presentation was made by Misses Lila Jackson and Anna Cook. Miss Madeline Stone succeeds Miss Hastings as dietitian at the hospital.

District 4

HAMILTON: The annual meeting of District 4 was held recently at the General Hospital, Hamilton, Miss Constance Brewster presiding. The following committee reports were respectively presented: membership: Miss C. Sheridan; programme, Miss Sturrock; nominating, Miss Dart; permanent education fund, Miss J. Soutar; public health, Miss A. Boyd; private duty, Miss Moran; nurse education, Miss Chisholm; publications, Miss Scheifele; finance, Miss Livingstone. Local Council of Women, Mrs. B. Stephens. The committee on arrangements for the annual R.N.A.O. convention to be held in Hamilton in April also presented an interesting report. Miss Edna L. Moore, chief nurse, provincial health department, was the guest speaker. Her address on "Some current problems in the profession" was much appreciated. The following officers were elected for the coming year: chairman, Miss Constance Brewster; vice-chairman, Miss McCort, St. Catharines; secretary-treasurer, Mrs. N. Barlow; councillors, Misses A. Wright, I. Murray, L. McElhone, C. Sheridan, Allen, McIntosh, E. Bell.

HAMILTON: A meeting of the Alumnae Association of the Hamilton General Hospital was held on February 5. After the business session the members of the 1935 graduating class provided entertainment with a variety programme of music and dancing. Mrs. F. LaRue (née Dorothy French, H.G.H., 1923), recently renewed old acquaintances in Hamilton; for the past eight years she has served in China and is now on furlough.

MARRIED: On October 6, 1934, Miss Ada Purton (Mack Training School, 1929), to Mr. Robert Ewing.

MARRIED: Recently, Miss Mildred Strong (Mack Training School, 1929), to Mr. Charles Foley-Bennett.

MARRIED: On November 17, 1934, Miss Ethel Whittington (Mack Training School, 1926), to Mr. S. Y. Whitehouse.

District 5

TORONTO: At the annual meeting of district 5, R.N.A.O., held on January 31, Miss Dorothy Mickleborough pointed out that the activity and enthusiasm reflected in various reports must be sustained in order to strengthen the district support of the provincial association in meeting possible changes in the nursing profession. Miss Edna Moore discussed an interesting report of the committee, convened by Miss Isabel MacIntosh of Hamilton, which has been studying the distribution of nursing service and of non-hospitalized and inadequately nursed sick in the province. Miss Irene Weirs was appointed district convener to arrange local details of the province-wide plan by which every doctor will be visited during February by a nurse interviewer, who will enquire as to the number of non-hospitalized sick under his care, the number of nurses giving care to such patients and the type of care needed by patients not being nursed. Mr. Campbell McInnis gave a humorous address on "Folk Songs and Traditional Songs of the British People." The following were elected to office: chairman, Miss Beatrice Austin; vice-chairman, Miss Irene Weirs; secretary-treasurer, Miss Isabel Park; conveners of sections: private duty, Miss St. John; nurse education, Miss Chute; public health, Miss K. McNamara. The councillors include Toronto representatives of the three sections with Miss O. Waterman, of the Soldiers' Memorial Hospital, Orillia, and Miss A. Scott, of Oshawa.

TORONTO: A meeting of the Community Health Association of Greater Toronto was held on January 30, when the members spent an enjoyable "Holiday in reading" with Mrs. John Creighton. Mrs. Creighton made many delightful references to books and characters covering a wide field of interest.

TORONTO: PROVINCIAL DEPARTMENT OF HEALTH: Miss Muriel V. Lowry of Ottawa has joined the staff of the Ontario Department of Health as supervisor of nursing in Health Unit No. 1. Miss Lowry is a graduate of the School of Nursing of the Montreal General Hospital. For several years she was connected with the school medical service of the Ontario Department of Education and more recently has been engaged in the rural health field as staff nurse, supervisor and tuberculosis research worker in Cattaraugus County, New York State. Health Unit No. 1 comprises the counties of Russell, Prescott, Stormont and Glengarry with headquarters at Alexandria.

TORONTO: VICTORIAN ORDER OF NURSES. A meeting of the staff council of the Toronto branch was held on February 4, with Miss K. McNamara in the chair. Miss Eva Chapman gave a talk on "Adventures in understanding" and related instances of her observations of people and their philosophy toward life during her travels about the province, as a speaker for Women's Institutes and the Department of Agriculture. Miss Marion

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Nash, educational director of the Montreal branch, attended the extension course in supervision at the School of Nursing and remained for special conference and demonstration work with the Toronto branch. An informal dinner was given for Miss Nash at the School of Nursing, by Miss Ethel Cryderman and the supervisors of Toronto, East York and York Township branches. Other guests included Miss Marjorie Bell, Visiting Homemakers Association, Toronto; Miss Dorothy Percy, School of Nursing, Toronto, and Miss Lodge of the Oshawa branch.

TORONTO: Miss Vona Rea (T.G.H., 1929), who is on a three years' contract at Oroya, Peru, with the Cerra de Pascua Mines, has returned from Talara, Peru, having spent part of her holidays with friends there.

TORONTO WESTERN HOSPITAL: Miss Esther Cunningham of the Red Cross Hospital, New Liskeard, has been transferred to Bracebridge, while Miss Fanny Arnott, who was at Bracebridge, has gone to the Red Cross Hospital at New Liskeard. Miss Edna Hayes has accepted a position in the Mission Hospital at Matheson. Miss Mildred Weir (1932) has been appointed to the Presbyterian Mission in Formosa, and expects to leave for this field in April.

MARRIED: Recently, Lila Bull (T.W.H., 1929), to Mr. Hartley Waldon.

MARRIED: Recently, Lorna Jardine (T.W.H., 1930), to Mr. Dean Churchill.

MARRIED: In September, Gertrude LeRoy (T.W.H., 1929), to Mr. A'Delbert Miller.

DISTRICT 7

SMITHS FALLS: The annual meeting of the Smiths Falls Graduate Nurses Association was held on January 21, when the following officers were elected for the coming year: hon. presidents: Miss Bliss, Miss Clark; president, Mrs. Mulligan; first vice-president, Miss Church; second vice-president, Mrs. Bell; treasurer, Mrs. White; secretary, Miss Durant; social and flower committee, Mrs. Mulligan, Mrs. Klyne, Miss Leeson. The association voted subscriptions for two more copies of *The Canadian Nurse* and it was decided to have the announcement of the association placed in the Official Directory of the *Journal*. Ten dollars was voted towards the permanent education fund and ten dollars was donated to the hospital. The meeting was most enthusiastic and much discussion took place as to plans for the coming months.

SMITHS FALLS: The Alumnae Association of the Smiths Falls Public Hospital recently gave a successful bridge. The association has resolved that each year it will contribute to the hospital some necessary equipment to perpetuate the memory of the graduates of this school who have passed to their reward. In 1934, the association presented a Gatch bed. Miss M. Clark, assistant superintendent at the Public Hospital, had a wonderful surprise recently, when the members of the Galt Nurses Alumnae Association and other nurses of Galt presented her with a beautiful silver tea service and tray as a token of esteem.

DISTRICT 8

OTTAWA: The annual meeting of the Alumnae Association of the Ottawa Civic Hospital School of Nursing was held on January 25, with Miss D. Moxley presiding. Miss M. Lamb, recording secretary, reviewed the many social and educational activities of the association throughout the year. An encouraging financial statement was presented by the treasurer, Miss W. Gemmell. Miss Moxley thanked the officers and members for their co-operation and stated that the accomplishments of the association reflected the keen interest of all its members. The following officers were elected for the ensuing year: Honorary president, Miss G. Bennett; president, Miss D. Moxley; first vice-president, Miss E. Curry; second vice-president, Miss M. Downey; recording secretary, Miss M. Lamb; corresponding secretary, Miss E. Fletcher; treasurer, Miss W. Gemmell; councillors, Miss Beth Graydon, Miss H. Johnston, Miss L. Garrett, Miss I. Johnston, Miss F. Dodge; convener of flower committee, Miss L. Barry; convener and members of sick visiting committee, Misses G. Moloney, E. Lyons, B. Edey; press correspondent, Miss E. Pepper.

DISTRICT 9

NORTH BAY: At the January meeting of the North Bay Chapter, Miss Valliquette, of the St. Joseph General Hospital Staff, read an instructive paper on "The Institutional Nurse." The February meeting took the form of a musicale at the Civic Hospital. Miss Ethel Shannon is taking a postgraduate course at the Royal Victoria Hospital, Montreal.

SAULT STE. MARIE: Mr. James Baxter, manager of the Royal Bank, addressed the January meeting of the Sault Ste. Marie Chapter, R.N.A.O., his topic being "Business and Service." Mrs. E. Vale described some interesting experiences overseas. Tea was served by the Plummer Memorial Hospital Staff. The various groups have been trying to raise funds for our objectives. Misses Sinclair, McGregor and Copeland held a tea and sale of cooking. Misses Delaney and Goatbe held a handkerchief sale and tea, and Miss R. Densmore had a beautiful cut-work lun-

cheon cloth and pillow cases made and was delighted with her proceeds from a sale of tickets. At the December meeting of the Sault Ste. Marie Chapter, Miss Alma O'Connor gave a splendid paper on "Impressions of the Biennial Meeting."

QUEBEC

MONTREAL: CHILDREN'S MEMORIAL HOSPITAL. The annual meeting of the Alumnae Association was held in January, when an excellent report was presented by the president, Miss R. Paterson, and reports from the various officers were received. At the February meeting, Miss Elsie Watt, dietitian at the Children's Memorial Hospital, gave an interesting talk on "Ketogenic Diet." Miss H. Easterbrook presented a paper on "Newer drugs in use in the hospital" and Miss E. Alexander gave an outline of her work in the Child Welfare Organization. Miss N. V. Parsons (C.M.H., 1924), Miss B. E. Goobie (C.M.H., 1929), and Mrs. M. Christian (Emma Grimes, C.M.H., 1930), are at present engaged in public health nursing with the N.O.N.I.A. organization in Newfoundland.

MARRIED: On February 2, 1935, Miss Anne Sutherland (C.M.H., 1926), to Mr. Ian Mackenzie.

MONTREAL: ROYAL VICTORIA HOSPITAL: Miss Anna MacLeod ('30), has resigned as head nurse in the Ross Pavilion and will be replaced by Miss Ebba Wilson ('34). Miss Helen MacIntyre ('31), has been appointed head nurse on Ward M; she succeeds Miss Eileen Stuart. Miss Cora Cook ('21), is spending the winter in Cape Town, South Africa. Miss Helen Shanks ('26) is leaving for London and an extended trip abroad. The graduate nurses have recently added to their social activities, lessons in bridge, French and tap dancing.

MARRIED: On January 31, 1935, Miss Alberta Marion Hough ('28), to Mr. Stuart Scovil.

MARRIED: On February 5, 1935, Miss Marjorie H. MacDiarmid ('27), to Mr. Thomas C. Gorman.

MARRIED: On January 17, 1935, Miss Kathleen Scott ('30), to Mr. Gerald Conrod.

MARRIED: On January 24, 1935, Miss Eileen B. Stuart ('31), to Dr. E. John Cram.

SASKATCHEWAN

SASKATOON: The annual dance, sponsored by the Alumnae Association of the Saskatoon City Hospital School of Nursing, was held recently. Mrs. R. M. Pinder, Mrs. G. R. Peterson, Dr. Anna Nicholson, Miss E. Amas and Miss M. Chisholm lent their patronage to the occasion. Miss S. I. Allingham (S.C.H., 1934), Miss E. S. White (S.C.H., 1933), and Miss L. C. Friesen (S.C.H., 1934), are taking postgraduate work at the Saskatoon Sanatorium.

MARRIED: On January 25, 1935, Miss Pearl Evah Ungar (S.C.H., 1930), to Mr. J. Gordon Mason.

THE ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

(Incorporated 1920)

The Spring examinations for the Registration of Nurses in the Province of Quebec will be held in Montreal and elsewhere on April 23rd, 24th and 25th, 1935.

Application forms and all other information relating thereto may be secured from the Registrar. Applications must be in the office of the Association by March 31st, 1935. **NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.**

Results of examinations will be published on or about June 5th, 1935.

E. FRANCES UPTON, R.N.,
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We may as well confess . . . that we read in bed . . . After a long day filled with what Stevenson called . . . "irritating concerns and duties" . . . nothing is more soothing . . . than to adjust the pillows and the light . . . at the right angle . . . and then to escape . . . through the gateway of another mind . . . Fortunately there are many of these portals . . . perhaps too many . . . and though some of them are not worth exploring . . . every now and then . . . one leads out into fresh fields . . . and pastures new . . . Then instead of composing ourselves to slumber . . . we read on and on . . . until we are surprised by the blare of the phonograph . . . which indicates that it is two in the morning . . . and that our neighbour . . . in the apartment below . . . has just returned to his roof-tree . . . and is performing his nocturnal ablutions . . . to the dulcet strains of . . . "Two cigarettes in the dark" . . . We were thus overtaken . . . the other night . . . We rashly started on J. B. Priestley's "English Journey" . . . at about 10 p.m. . . . but even after the last chord of "That dashing young man on the flying trapeze" . . . had trembled away into silence . . . as though it were loth to cease . . . we were still dodging in and out . . . of English towns and villages . . . with Priestley as our guide . . . To everyone who is responsive . . . to the drama of the modern social scene . . . this book has something to say . . . It is not a tract . . . nor does it set out to vindicate . . . any political theory . . . The author is frankly bourgeois . . . but like the disciples at Emmaus . . . his heart burned within him by the way . . . He began his journey in Bristol . . . and never have we read . . . a more entrancing description . . . of that water front . . . which witnessed the departure of Cabot . . . and where today the masts of ships arise surprisingly . . . in what looks like a busy street . . . full of trams and piled-up lorries . . . He went to Manchester and Liverpool and Leeds . . . and to Arnold Bennett's Five Towns . . . in the terrible Black Country . . . He talked and ate and drank . . . with men and women . . . in all walks of life . . . and tramped the wretched alleys . . . as well as the bustling streets . . . but no matter where he went . . . he could not escape the shadow of unemployment . . . that strange blight which is withering . . . our vaunted civilization . . . Yet it is not a depressing book . . . When we finished "English Journey" . . . (it doesn't matter what time it was) . . . we were sure that it had not . . . and would not . . . end in despair . . . Then we began to wonder . . . what would happen . . . if someone made a Canadian journey . . . in that same mood . . . and wrote about it as bravely and tenderly . . . In the middle of our speculations . . . we fell asleep . . . and dreamed we ourselves had done just that . . . but that we could not find a publisher . . . nor indeed anyone who wanted to read it . . . even in manuscript . . . except Mr. R. B. Bennett . . . Then we woke up . . .

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The January bulletin of the League of Red Cross Societies is devoted almost entirely to a consideration of air ambulances. In an extremely interesting article, entitled "Nursing in Air Ambulances", Mrs. Maynard Carter, chief of the nursing division of the L.O.R.C.S., quotes the following statement made by Flight Lt. H. M. Schofield, R.A.F.O., who has had considerable experience in carrying out tests for the transport of sick and injured by aeroplane.

I think a reasonable qualifying flying time is five hours, provided the time is disposed on the following lines:

The initial period should be thirty minutes; fine and fairly calm weather should be chosen, and the pilot should be considerate and endeavour to establish the nurse's confidence and satisfy her curiosity upon any points which might perplex her. The principal object should at first be to make flying a secondary sensation, and for this, gentle treatment at the start is essential.

No nursing should be attempted during the first two hours in the air. Unless the subject is allowed sufficient time to become accustomed to air travel before applying nursing, it will not be possible to give the requisite attention to the latter whilst she is possibly disturbed by unaccustomed sensations in the course of which she will probably not be able even to see anything beyond the interior of the machine, or realize what position the craft is maintaining. After two hours' experience with a pilot who understands the necessity for careful psychological attention—and for this purpose an experienced flying instructor is the best possible meduim, provided the flights have been of at least thirty minutes duration—the average woman of good physique is capable of doing good work in the air. It should here be urged that some discrimination should be shown in selecting nurses. Aptitude is marked in women who ride and drive well; skiers invariably shine. But generally anybody fond of sport and games is a suitable candidate, although not necessarily an exception, because it is often found that others of poor physique and doubtful physical character (assisted no doubt by keener realization of responsibility, enthusiasm and devotion), show up better in emergency.

The remaining three hours should be in flights of not less than forty-five minutes duration, and should include flying in weather which would be described by a well-qualified pilot as "decidedly rough and bumpy." Normal, but not acrobatic, manoeuvres should be consistently carried out during the last hour, and, it being assumed that all through this experience a cabin machine is used, a stuffy atmosphere should be maintained. The latter point is of paramount importance because this is usually the real and only reason for air-sickness, and not, as is so generally supposed, movements of the machine. During this final hour, the nurse should also carry out a definite programme such as treatment for shock, preparation of report which should include such details as pulse and temperature. In actual practice, the cabin would of course be ventilated and probably heated, and this would be part of the nurse's duties, but I would recommend that for the test, as I have said, a close atmosphere be maintained although the report should cover the action that would be taken to assure correct temperature and air changing.

Failure of the final test should not be detrimental to the candidate because no criterion can be definitely stated and even experienced and good air travellers have occasional lapses. A sound pilot will be able to recommend further procedure, which would probably be further one-hour tests under the conditions referred to. I think that a limit should be placed upon repeat testing, and would personally allow three repeats before either turning down the applicant if obviously unsuitable, or insisting upon a further three hours of lighter air experience before accepting for testing again. It should be arranged that, in the event of a failure, the repeat test be carried out with the least possible delay, because the psychological effect of a failure upon the candidate, if allowed to hang out too long, is inclined to produce a moral effect which will seriously prejudice later efforts.

I have not stressed the inclusion of exceptionally bad flying conditions in this itinerary because I do not believe this is necessary. Reasonably bad conditions are sufficient to ensure adaptability, and on active service, adequate ventilation, the concentration necessary for the work, and the further experience that will have been acquired by those suitably qualified, will all combine to balance out the discomfort caused by the worst possible atmosphere disturbances.

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EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on May 15, 16 and 17, 1935. Requests for application forms should be made at once, and forms MUST BE returned by April 15th, together with fee of Ten Dollars and diploma of School of Nursing. No undergraduate may write unless she has passed successfully all final training school examinations, and is within six weeks of completion of her course of training.

MURIEL J. GRAHAM, R.N., Registrar
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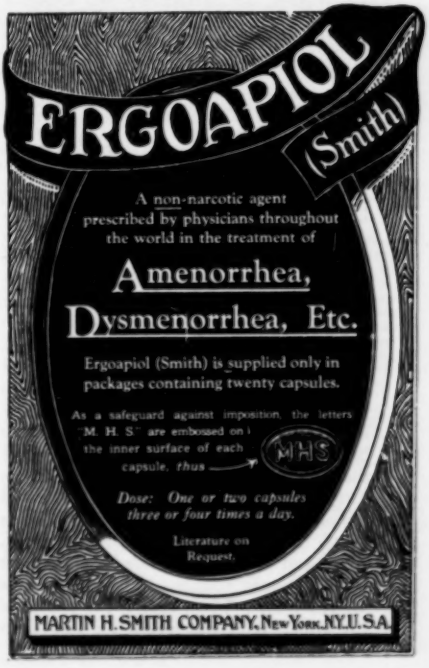
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OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

CALGARY UNIT: On January 19, we had our annual meeting when reports and correspondence from other units were read. The officers elected for the coming year include the following: president, Miss A. K. Fralich; vice-president, Mrs. John Mulholland; treasurer, Miss Marion Lavell; recording secretary, Miss Nichols Gunn; phone squad, Mrs. Train Gray.

EDMONTON UNIT: At the annual meeting the reports of the retiring president, secretary and treasurer showed that we are not without value in the general scheme of things. At the annual dinner a most amusing fashion parade showing the styles from 1860 to 1930, was conducted by the following: Mrs. McManus (N/S E. Miller), Mrs. A. Taylor, Mrs. R. F. Nicholls (N/S B. Smiley), Miss A. MacNish and Mrs. Chester Chinneck (N/S N. MacRae). Many beautiful and weird costumes were shown. The officers for 1935 are: president, Mrs. Harold Orr; vice-president, Miss Jessie Chinneck; secretary, Mrs. G. G. Stewart; treasurer, Mrs. Ross; visiting committee: Mrs. R. F. Nicholls, Mrs. Byron Morrison.

LONDON UNIT: The Overseas Nurses Club of District 1 sincerely regrets the departure from London of its retiring president, Miss Laura Hubley, whose untiring and unselfish devotion and loyal support to the organization will be greatly missed. The annual dinner was greatly enjoyed, the guest speaker being Major J. A. Linten, M.D., medical officer for military district number one. The loss of a beloved member in the death of Miss Frances Fisher is deeply felt.

TORONTO UNIT: The annual meeting of the Toronto Unit of the Overseas Nurses' Association of Canada was held on January 22, when a report of the welfare committee was presented by Mrs. Gillespie and Mrs. James' report of the committee on Canadian Corps re-union brought back pleasant memories. Changes were made in the constitution to conform with that of the national association so that the Overseas Nurses' Club of Toronto will be known in future as the Toronto Unit of the Overseas Nurses' Association of Canada. Miss Ruby Hamilton presided and welcomed to office Miss Laura Gamble, who was elected as her successor. Other officers elected were: vice-president, Mrs. Driver; treasurer, Miss McNaughton; recording secretary, Mrs. Gillespie; corresponding secretary, Miss Monk; councillors: Mrs. Mills, Mrs. Sherrit, Mrs. Gerrard, Mrs. McQueen and the Misses Farr, Drysdale, M. E. Gardiner, Nash and Edna Moore.

OBITUARY

LOCKHART—The death of Annie Florence Lockhart, superintendent for the past three years of the Mary Washington Hospital in Fredericksburg, Va., occurred in that institution on December 31, 1934. Miss Lockhart was the first student nurse to take the training offered by the School of Nursing of the Chipman Memorial Hospital, St. Stephen, N.B. She graduated in 1904 and shortly after took courses in the Boston Floating Hospital in Detroit and at Columbia University. In 1907 she returned to St. Stephen, was acting superintendent at the Chipman Memorial Hospital and in 1923, organized the Chipman Memorial Hospital Alumnae Association which exists today. Miss Lockhart was born in Sussex, N.B., and during her distinguished career held important positions in hospitals in the United States. When that country entered the Great War, she served for two years overseas, with the Harvard Unit.

SMILLIE—Recently, an outstanding woman passed away in the person of Mrs. J. R. Smillie, for many years a resident of Montreal. Mrs. Smillie was concerned by the high infant mortality in this province and city, largely due to improper feeding. Through the co-operation of the Local Council of Women, the Victorian Order of Nurses and the Montreal Foundling and Baby Hospital and with the help of some of the leading physicians, milk stations were established in various parts of the city. These were maintained until the Child Welfare Association was started, when the work was carried on by them. The rapid lowering of the infantile mortality rate was largely due to the pioneer work of Mrs. Smillie. These words are written as a mark of appreciation of one whose reward will surely be: "Inasmuch as ye have done it to one of least of these, ye have done it unto Me."

L.C.P.

Official Directory

International Council of Nurses:

Secretary, Miss Anna Schwarzenberg, 14, Quai Gustav Ador, Geneva, Switzerland

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ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, 7 Queens Park Cres., Toronto; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 13 Willcocks St., Toronto; *Chairmen: Nurse Education Section,* Miss S. Margaret Jamieson, R.R. No. 1, Brantford; *Private Duty Section,* Miss J. L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section,* Mrs. Agnes Haygarth, 19 Dromore Cres., Westdale, Hamilton; *District No. 1:* Chairman, Miss Mildred Walker, Institute of Public Health, London; Secretary-Treasurer, Miss P. Schurter, 338 Princess Ave., London; *Districts 2 and 3:* Chairman, Miss A. E. Bingeman, Freeport Sanatorium, Kitchener; Secretary-Treasurer, Miss Florence Kudoba, General Hospital, Stratford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5:* Chairman, Miss Beatrice Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Isabelle Park, 1348 Yonge St., Toronto; *District No. 6:* Chairman, Miss Florence Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss Marguerite Fitzgerald, 174 Dufferin Ave., Belleville; *District No. 7:* Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Olivia Wilson, General Hospital, Kingston; *District No. 8:* Chairman, Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa; Secretary, Miss A. G. Tanner, Ottawa, Civic Hospital, Ottawa; Treasurer, Miss Mary Acland, Strathcona Hospital, Ottawa; *District No. 9:* Chairman, Miss Elizabeth Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *District No. 10:* Chairman, Miss Vera Lovelace, 3 Wiley Rd., Port Arthur; Secretary-Treasurer, Miss Thelma Graham, 222 Cooke St., Port Arthur.

District No. 1, Registered Nurses Association of Ontario

Chairman, Miss M. Walker; Vice-Chairman, Miss M. Hoy; Secretary-Treasurer, Miss P. Schurter, 338 Princess Ave., London; *Committee Conveners: Nursing Education,* Miss D. Thomas; *Private Duty,* Miss M. Baker; *Public Health,* Miss M. Chambers; Permanent Education Fund, Mrs. Hedley Smith; Membership, Miss G. Versey; Publications, Miss E. Kennedy; *Councillors:* Misses R. Rhowatt, H. Hastings, R. Page, J. Lundy, Silverthorne, M. Perrin and Mrs. Malone.

District No. 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss A. E. Bingeman; Vice-Chairman, Miss H. L. Potts; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors:* Misses K. Charnley, A. M. Cook, L. Ferguson, A. MacDonald, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education,* Miss Z. M. Hamilton; *Private Duty:* Miss M. Davidson; *Public Health,* Mrs. J. M. Mitchell.

District No. 8 Registered Nurses Association of Ontario

Chairman, Miss M. B. Anderson; Vice-Chairman; Miss J. L. Church; Secretary, Miss A. G. Tanner, Ottawa Civic Hospital; Treasurer, Miss M. E. Acland, *Councillors:* Misses G. Clarke, A. Ebbs, M. Graham, E. C. McIlraith, M. H. Hall, M. Slinn; *Committee Conveners:* Membership, Miss G. Clarke; Publications, Miss E. C. McIlraith; *Nursing Education,* Miss E. C. McIlraith; *Private Duty,* Miss J. L. Church; *Public Health,* Miss H. O'Meara.

District No. 9 Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer Miss, Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors:* Rev. Sister Fidelis, Miss Mina Carson, Miss H. Jordan, Miss H. Atkinson, Miss G. Rowden, Rev. Sister Felicitas.

District No. 10 Registered Nurses Association of Ontario

President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Mrs. W. J. Burney, Ardeen Gold Mines, Kashabowie, Ont.; *Councillors:* Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Miss M. King, Charlottetown Hospital; Secretary, Miss M. Campbell, 8 Grafton St., Charlottetown; Treasurer and Registrar, Miss Edna Green, 257½ Queen St., Charlottetown; *Conveners of Sections: Nursing Education*, Miss F. Lavers, Prince Co. Hospital, Summerside; *Public Health*, Miss Dorothy McKenna, Summerside; *Private Duty*, Miss M. Gamble, 51 Ambrose St., Charlottetown; Representative to *The Canadian Nurse*, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec Incorporated 1920

Advisory Board: Misses Mary Samuel, Mabel F. Hersey, C. M. Watling, Rév. Mère M. V. Allaire, Rév. Soeur Ste. Isidora; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Esther Beith, Child Welfare Association, Forum Bldg., Montreal; Hon. Treasurer, Miss M. E. Nash, Victorian Order of Nurses, 1246 Bishop St., Montreal. *Other Members:* Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Rév. Soeur St. Jean de l'Eucharistie, Hôpital Notre Dame, Montreal, Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Mademoiselle Alexina Marchessault, Ecole d'Hygiène Social Appliquée, Université de Montreal. *Conveners of Sections: Private Duty*, (English), Miss C. M. Watling, 1230 Bishop St., Montreal; *Private Duty* (French), Mademoiselle Alice Lepine, Hôpital Notre Dame, Montreal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin, Que; *Public Health*, Miss Christine Dowling, Victorian Order of Nurses, 1246 Bishop St., Montreal; *Board of Examiners:* Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal; Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal; Melle. Edna Lynch, 4642 rue St. Denis St., Montreal; Melle. Marie Anysie Déland, Institut Bruchési, Montréal; Melle. A. Marchessault, 3256 avenue Lacombe, Montreal; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; Second Vice-President; Miss Jean B. McDonald, 1122 Rae Street, Regina; *Councillors:* Miss Edith Stocker, Sanatorium, Saskatoon, Miss R. M. Simpson, Dept. of Health, Regina, *Conveners of Standing Committees: Nursing Education*, Miss Annie Lawrie, General Hospital, Regina; *Public Health*, Mrs. E. M. Feeny, Dept. of Health, Regina, *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer and Registrar, Miss Margaret A. Ross, 45 Angus Cresc., Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss Turner; Second Vice-President, Miss O'Brien; Recording and Corresponding Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Treasurer, Miss Gavin; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President; Mrs. M. Tobin; Second Vice-President, Miss M. Gilchrist; Secretary, Miss A. McLeod, 2 Diana Court; Treasurer, Miss F. Smith; *Committee Conveners:* Membership, Miss A. Allan; Flower, Mrs. W. Fraser; *Private Duty Section*, Mrs. Chas. Pickering; Correspondent, *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, superintendent Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss M. Madden; Second Vice-President, Miss M. J. Leslie; Secretary-Treasurer, Miss S. K. M. Scott, Box 184, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss A. J. McLeod, Vancouver General Hospital; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss D. L. Webster, 6207 Balsam St.; Treasurer, Miss L. Archibald, 536 West 12th Ave.; *Council:* Misses K. Sanderson, M. Ewart, F. H. Walker, E. Barry, Mrs. A. G. Westman; *Committee Conveners:* Finance, Miss M. I. Teulon; Programme, Miss E. V. Cameron; Membership, Miss M. Dutton; Visiting, Miss J. Johnston; Directory, Miss M. Ogilvie; Social, Miss G. Currie; Representatives: to the Press, Miss G. Archibald; to Local Council of Women, Miss M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; *Executive Committee:* Mrs. E. B. Strachan, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron, Miss D. Frampton.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Eva McNally; First Vice-President, Mrs. L. Fletcher; Second Vice-President, Miss V. Vance; Secretary, Miss Dorothy Longley, Mental Hospital, Brandon; Treasurer, Mrs. M. Long, Dominion Bank Bldg., Brandon; *Committee Conveners:* Press, Miss Helen Morrison; Sick Visiting, Mrs. J. R. Fisher; Welfare, Miss E. M. Higgens; Social and Programme, Mrs. E. Hanna; Cook Book, Mrs. A. Kains; Private Duty, Mrs. L. Fletcher, Miss Isobel Knox; Registry, Miss C. MacLeod.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss E. Bean; Vice-President, Miss G. Dwaine; Corresponding Secretary, Miss F. Wardleworth; Recording Secretary, Miss Harvey; Treasurer, Miss Margaret Robins-Representative to *The Canadian Nurse*, Miss C. Hornby, Box 324, Sherbrooke; Representative, *Private Duty Section*, Miss E. Morrissette.

MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss A. Jamieson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill and Miss Coventry; Programme, Miss L. Carter; Press, Miss Mutrie; Social, Miss French; Sick Visiting, Miss Armstrong; Representative to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss K. Brighty; Vice-President, Miss I. Johnson; Second Vice-President, Miss E. Miller McManus; Secretary, Miss L. Einarson; Corresponding Secretary, Miss G. McDiarmid; Treasurer, Miss A. Oliver; *Committee Conveners:* Programme, Miss G. Allyn; Social, Miss V. Kelly McNeil; Sick Visiting, Miss J. Munro; Membership, Miss M. Cullerne.

A.A. University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital

Hon. President, Mrs. A. E. Archer; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namao; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue, W., Calgary; Convener, Social Committee, Mrs. R. Shears.

BRITISH COLUMBIA

A.A., Vancouver General Hospital

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss M. Lunan; Secretary, Miss I. Collier; Corresponding Secretary, Miss J. McTavish, Vancouver General Hospital; Treasurer and Bonds, Miss O. Bealby, Vancouver General Hospital; *Committee Conveners:* Programme, Miss M. Tennant; Membership, Miss M. Ferris, Sick Visiting, Miss H. Arnold; Refreshments, Miss M. Pooley; Sewing, Mrs. L. Gordon; Press, Miss B. Haddon; Mutual Benefit Association Representative, Miss H. Campbell; Representative, V.G.N.A., Miss Rhodes.

Royal

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss J. Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss M. Mirfield; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss C. M. Cox; Treasurer, Miss J. Stewart; *Committees:* Entertainment, Mrs Russell; Sick Visiting, Miss E. Newman.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt Children's Hospital; Treasurer, Miss F. McLeod; Sick Visiting, Miss Ditchfield; Entertainment, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

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A.A., Winnipeg General Hospital

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NEW BRUNSWICK

SAINT JOHN

A.A., Saint John General Hospital

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Miss Ethel Henderson; Second Vice-President, Mrs. F. McKelvey; Secretary, Mrs. J. Edgar Beyea, 121 Union St.; Treasurer, Miss Kate Holt; *Executive Committee:* Miss Margaret Murdoch, Miss R. Reid, Mrs. J. H. Vaughan.

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A.A., Chipman Memorial Hospital, St. Stephen

President, Miss Myrtle Dunbar; First Vice-President, Mrs. H. W. Short; Second Vice-President, Miss Rosa Madsen; Secretary, Miss Estella Gibbon, St. Stephen; Treasurer, Mrs Cedric H. Dinsmore; *Board of Directors:* Misses J. Sinclair, I. Hart, J. Bavis, Mrs. R. Bartlett; *Committee Conveners:* Programme, Mrs R. Mallory, Misses E. Gibbon, E. Giles, Mrs. H. Short; Refreshment, Misses E. Spinney, D. Devlin, Mrs. R. Bartlett; Nominating, Misses F. Cunningham, I. Hart

WOODSTOCK

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs. Harry Dunbar; Vice-President, Miss Gladys Hayward; Secretary-Treasurer, Miss Pauline Palmer; *Board of Directors:* Miss G. Tams, Mrs. B. Sutton, Mrs. Fulton, Miss M. Samphier, Miss N. Veness; *Committee Conveners:* Programme, Mrs. P. Caldwell, Miss E. Kerr, Miss E. Dunbar, Miss B. Bellis; Sick Visiting, Miss H. Cummings, Miss D. Peabody, Miss Mersereau; Editor, Miss M. Samphier.

ONTARIO

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A.A., Belleville General Hospital

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BRANTFORD

A.A., Brantford General Hospital

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BROCKVILLE

A.A., Brockville General Hospital

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A.A., Public General Hospital

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A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Ruth Winter; Vice-President, Miss M. Kearns; Secretary-Treasurer, Miss J. Lundy, 112 Van Allen Ave.; *Executive Committee:* Misses H. Gray, I. Poissant, Z. Martin, Mrs. R. Hodgin; Representative District No. 1, R.N.A.O., Miss Jessie Ross; Representative to *The Canadian Nurse*, Miss Y. L. Chauvin.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. I. P. MacIntosh; President, Miss Verna Meldrum; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

GALT

A.A., Galt Hospital

Hon. President, Miss A. Cleaver; President, Miss H. Hyslop; Vice-President, Miss J. Belle; Secretary, Miss S. Post, 123 Grand Ave. S.; Treasurer, Miss H. McLaughlin, Galt Hospital; Flower Convener, Miss M. VanDyke; Press Representative, Miss R. Evans.

GUELPH

A.A., Guelph General Hospital

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A.A., Hamilton General Hospital

Hon. President, Miss C. E. Brewster; President, Mrs. R. Hess; Vice-President, Miss A. Schiefele; Recording Secretary, Miss M. Bain; Assistant Recording Secretary, Miss H. Walker; Corresponding Secretary, Miss C. Inrig, Hamilton General Hospital; Treasurer, Miss G. Coulthart, 107 Fairholt Rd. S.; Assistant Treasurer, Miss J. Jackson; Secretary-Treasurer, Mutual Benefit Association, Miss O. Watson, 145 Emerald S.; *Committee Conveners:* Executive, Miss H. Aitken; Programme, Miss V. Phillips; Flower and Visiting, Miss A. Squires; Registry, Miss D. MacRobbie; Budget, Miss G. Coulthart; *Representatives:* to Women's Auxiliary, Miss J. Stephen; to Registered Nurses Association of Ontario, Miss J. Souter; to *The Canadian Nurse*, Misses R. Burnett, E. Bell, A Schiefele.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Irene Murray; Vice-President, Miss A. Maloney; Secretary, Miss Lena Curry, 52 North Oval; Treasurer, Miss M. Kelly; Representative to *The Canadian Nurse*, Miss M. Maloney, 31 Erie Ave.; Representative R.N.A.O., Miss Jean Morin.

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A.A., Hotel Dieu, Kingston

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A.A., Kingston General Hospital

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A.A., Ontario Hospital

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A.A., St. Joseph's Hospital

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A.A., Victoria Hospital

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A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss A. Irving; First Vice-President, Miss V. Coutts; Second Vice-President, Mrs. H. English; Secretary Treasurer, Miss F. J. Loftus, 823 McRae St.; Corresponding Secretary, Miss A. Pirie; Auditors, Miss Day, Mrs. Sharpe; *Sick Visiting Committee:* Mrs. Teal, Miss Carson, Miss Thorpe.

ORANGEVILLE

A.A., Lord Dufferin Hospital

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ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss L. McKenzie; First Vice-President, Miss J. Harper; Second Vice-President, Miss C. Robinson; Corr. Secretary, Miss Alice M. Smith, 103 Mary St.; Rec. Secretary, Miss L. M. Whitton; Treasurer, Miss A. V. Reekie, Soldiers' Memorial Hospital, Orillia.

OSHAWA

A.A., Oshawa General Hospital

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OTTAWA

A.A., Lady Stanley Institute (Incorporated 1918)

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A.A., Ottawa Civic Hospital

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